



2009 CATHOLIC SOCIAL MINISTRY GATHERING

Christ Our Hope: Healing A Broken World

February 22-25, 2009

(Catholic Partner Organizations' Meetings February 19-22)

REGISTRATION APPLICATION FORM

Three Ways to Register:

ONLINE (Credit Card)

www.catholicsocialministrygathering.org

FAX (Credit Card)

703-584-2461

MAIL (Check or Credit Card)

CSI - Capitol Services Inc.

Attn: USCCB Registration Manager

108 N. Virginia Avenue, Falls Church, VA 22046

Please make checks payable to: USCCB - JPHD

Registration Instructions:

All conference attendees must register. Registration must be postmarked by December 31, 2008 in order to be eligible for early bird registration rates.

For questions regarding your Gathering registration or hotel, contact the registration manager at: 1-888-356-4313 or csmg@csi-dc.com.

For other questions about the Gathering or Cancellation, contact Yolanda Taylor-Burwell at: 202-541-3185 or ytaylor-burwell@usccb.org.

Important Dates:

December 31, 2008 – Deadline for Early Bird Discount Rates

January 8, 2009 – Deadline for Hotel Reservations & Changes (or until room block availability is exhausted, whichever comes first)

January 30, 2009 – Deadline to Submit Cancellation Requests

February 13, 2009 – Deadline for Advance Registration (after this date, please register onsite at the conference)

This form has four sections. Please fill out each accordingly:

Section A: Core Meeting Registration

Section B: Strategy Sessions

Section C: Wrap Around Meeting Registration

Section D: Hotel Information

(Please check) This is my first Gathering!

Yes, I can help as: a Lector an Extraordinary Minister

PERSONAL INFORMATION

Native Language if other than English:

Salutation: Mr. Mrs. Ms. Dr. Most Rev. Msgr. Rev. Sr. Bro. Deacon. Other :

Last Name:

First Name:

Name as you want it to appear on your name badge:

Organization Name:

Arch/Diocese:

Address:

City/State/Zip Code:

Daytime Phone:

Cell Phone:

*E-mail:

**E-mail address (for conference updates)*

Emergency Contact Name:

Cell Phone:

Will you be visiting your Congressional Representative on Tuesday, February, 24th? ___ yes ___ no ___ undecided

Please enter the name of your Representative below:

(To identify your Representative, please visit www.house.gov. On the website, enter your zip code in the space provided at the upper left hand corner.)

CORE MEETING REGISTRATION (Section A)

Core Social Ministry Gathering		
Select either entire Core Meeting or Individual Dates	Early Registration Discount by 12/31/08	Standard Conference Rate after 12/31/08
<input type="checkbox"/> Core Meeting Feb. 22-25	US \$260	US \$310
<input type="checkbox"/> Sunday Feb. 22	US \$70	US \$85
<input type="checkbox"/> Monday Feb. 23	US \$35	US \$45
<input type="checkbox"/> Tuesday Feb. 24	US \$105	US \$115
<input type="checkbox"/> Wednesday Feb. 25	US \$65	US \$75

Total Core Meeting Fees US \$ _____

SPECIAL NEEDS

- Disability Needs Dietary
 Food Allergies Vegetarian

Please specify: _____

STRATEGY SESSIONS - WED FEB. 25, 2009 (Section B)

Strategy sessions run concurrently. Please check only one.

Session 1 Promoting Human Life & Dignity:
Working Together for Families at Risk

Session 2 Working as People of Hope

Session 3 After the Election: Continuing the Work of
Faithful Citizenship

Session 4 Giving Poverty a Face

Session 5 Measuring Effectiveness Effectively

WRAP AROUND MEETINGS (Section C)

	Early Registration Discount by 12/31/08	Standard Conference Rate after 12/31/08
Friday – February 20, 2009		
<input type="checkbox"/> CCHD Diocesan Directors Meeting**	No Fee	No Fee
<input type="checkbox"/> CCHD/CRS Dinner for Diocesan Directors**	No Fee	No Fee
<input type="checkbox"/> CCUSA Social Ministry Leadership Team Meeting	No Fee – Leadership Team Members Only	
Saturday - February 21, 2009		
<input type="checkbox"/> CCUSA Social Ministry Leadership Team Meeting	No Fee – Leadership Team Members Only	
<input type="checkbox"/> Catholic Labor Network (lunch included) <input type="checkbox"/> Meeting Only / <input type="checkbox"/> Lunch Only	\$65 \$25/\$45	\$70 \$30/\$50
<input type="checkbox"/> CRS Diocesan Directors Meeting**	No Fee	No Fee
<input type="checkbox"/> National Catholic Rural Life Conference: The Agrarian Question: Securing Food for All	\$40	\$40
Saturday/Sunday - February 21/22, 2009		
<input type="checkbox"/> The Roundtable Symposium (includes banquet)	\$185	\$195
<input type="checkbox"/> The Roundtable Banquet – Only	\$80	\$90
Sunday - February 22, 2009		
<input type="checkbox"/> National Catholic Partnership on Disability Meeting**	No Fee	No Fee
Sunday/Monday - February 22/23, 2009		
<input type="checkbox"/> ACCU Higher Education Wrap-Around	\$95 (3 sessions)	\$95 (3 sessions)
Monday - February 23, 2009		
<input type="checkbox"/> CCUSA Reduce Poverty in America Breakfast**	No Fee	No Fee
<input type="checkbox"/> Society of St. Vincent De Paul - Voice of the Poor Meeting**	No Fee	No Fee
Tuesday - February 24, 2009		
<input type="checkbox"/> USCCB Secretariat for Pro-Life Activities: Life and Dignity Breakfast** (Limited Capacity)	No Fee	No Fee
<input type="checkbox"/> USCCB Secretariat of Cultural Diversity in the Church: Energizing People of Color to the Church's Faith and Justice Commitments Breakfast** (Limited Capacity)**	No Fee	No Fee
Wednesday - February 25, 2009		
<input type="checkbox"/> CRS Annual Breakfast**	No Fee	No Fee

Registration applicant agrees that (a) this request will not result in a registration until applicant's check clears or credit card has been debited and the United States Conference of Catholic Bishops receives the applicant's payment, (b) all requests to register, and any subsequent registration are made in Virginia and (c) the sole jurisdiction and venue for any claim or litigation arising out of or relating to the request to register or the registration will be an appropriate federal or state court located in Virginia.

**No Fee – All welcome, must pre-register for sessions.

Wrap Around Fees US \$ _____

HOTEL REGISTRATION - Hyatt Regency on Capitol Hill (Section D)

All reservations must be made or modified through Capitol Services, Inc. Contact the Registration Manager at 1-888-356-4313 or csmg@csi-dc.com. The Hyatt Regency on Capitol Hill will not accept reservations or changes directly. Please indicate below each night you will stay in the hotel.

Thu. 2/19	Fri. 2/20	Sat. 2/21	Sun. 2/22	Mon. 2/23	Tue. 2/24	Wed. 2/25

ROOM TYPE (Rates quoted below includes all applicable taxes and fees.)

- Single Occupancy at \$200.00 per room night Triple Occupancy at \$220.00 per room night
 Double Occupancy \$210.00 per room night Quadruple Occupancy at \$220.00 per room night

BED TYPE (Please note that your preference indicated is a request only, and cannot be guaranteed. All rooms are non-smoking.)

- One King Bed Two Double Beds

Total Hotel Fees US \$ _____

ROOMMATES

<input type="checkbox"/> I have found my own roommate or have a guest. There will be a total of _____ people in the room (4 max).	Note: If you have not already identified a roommate(s), but you would like to be matched with 1, 2, or 3 additional participants, you must complete the entire form online.
Name(s) of Roommate / Guest (do not include yourself): _____	

PAYMENT INFORMATION (Payment must accompany the registration form)

(Total of Section A, C and D) Grand Total Registration Fees US\$ _____

- Check (Payable to: **USCCB - JPHD**) American Express MasterCard Visa

Card Number: _____ Expiration Date: _____

Cardholder's Name (print): _____

Cardholder's Signature: _____

Registration forms and questions about registration/hotel should be directed to:
 Capitol Services Inc. Attn: USCCB Registration Manager, 108 N. Virginia Avenue, Falls Church, VA 22046
 Fax: 703-584-2461 / Email: csmg@csi-dc.com / Toll Free: 1-888-356-4313