

## 2015 CONVENTION DELEGATE LIST

BRANCH NO. _____	CITY: _____
Active Members as of March 31st: _____	No. of Delegates: _____

NAMES MUST BE CLEARLY INDICATED TO ASSURE PROPER SPELLING

DELEGATE NAME:	Registration Verified <i>(For I.C.F. Office Use)</i>	Check Below if 1 <sup>st</sup> Time Delegate
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

### ALTERNATE DELEGATES

1. _____	_____
2. _____	_____
3. _____	_____

Please indicate **with names** the days delegates will arrive at the hotel. Thank you.

**Thursday, September 3<sup>rd</sup>,** \_\_\_\_\_

**Friday, September 4<sup>th</sup>,** \_\_\_\_\_

***Please list the names of those who would be willing to work Friday Registration:***

\_\_\_\_\_

\_\_\_\_\_

**Instructions:** Mail this form with payment of \$200.00 per Delegate for the Registration Fee, which includes the Saturday Banquet, to: Italian Catholic Federation, 8393 Capwell Drive, #110, Oakland, CA 94621. **Deadline is June 30<sup>th</sup>.**

Br. Check No. \_\_\_\_\_ No. of Delegates: \_\_\_\_\_ X \$200.00 = \$ \_\_\_\_\_

\_\_\_\_\_  
 President's Signature                      Recording Secretary's Signature                      Date

### ***For I.C.F. Office Use:***

Table No. \_\_\_\_\_ Delegates: \_\_\_\_\_ Guests: \_\_\_\_\_ Total \_\_\_\_\_