

**A Daylong Biomedical Conference for the Layperson
Christian, Remember Your Dignity
What the Catholic Church Really Teaches About
Issues of Life and Death.
October 15, 2011**



Return completed registration form by October 5th to:

**Biomedical Conference Registration
218 East Willard St.
Stillwater, MN 55082**

Last name _____ First name _____ Address _____
 City _____ State _____ ZIP _____
 Home phone _____ Cell phone _____ e-mail address _____

I would be interested in receiving e-mails regarding future conferences and speakers sponsored through St. Croix Catholic Faith Formation.

Lunch selection: The Grand – (Check your choice)

All selections include Chips, Pickle and a Cookie

Roast Turkey Club Croissant
 Roast breast of turkey served with mixed greens, ripe tomato and onion, then layered with Swiss Cheese and crisp bacon on a tender croissant.

Seared Beef Tenderloin Sandwich
 Tender roast beef and aged Cheddar served with crisp greens, ripe tomato and onion on a crunchy French baguette.

Roasted Vegetable on Focaccia
 Roasted peppers, onions, zucchini, seasoned cream cheese, lettuce and tomato on Focaccia bread.

All proceeds will go to fund The St. Croix Catholic Youth Center in Bwambo, Tanzania and the St. Croix Catholic Faith Formation Wednesday Night Speaker Series.

I would like to sponsor a seminarian to attend this conference (25.00)
 I cannot attend, but would like to make a monetary donation in the amount of \$ _____

Please direct any questions to St. Croix Catholic Faith Formation. 651-351-3175

Payment options: \$25.00 check made out to SCCFF or Charge it to your credit card by filling out below:

Please charge my payment/donation to my (circle one): Visa MasterCard American Express Discover Card

Credit Card Number :	Expiration date:
Name on card:	3 digit security code on back of card:
Billing Address:	

I authorize St. Croix Valley Faith Formation and Vanco Services to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): _____ Date: _____

Total Amount to be applied to card: Seminarian Sponsor: \$ _____

Monetary Donation: \$ _____

Conference fee: \$ _____

Optional – Pay an additional 2.7% to defray credit card processing fees: \$ _____

TOTAL AMOUNT TO BE APPLIED TO CARD: \$ _____