



# 5<sup>TH</sup> MARIAN CONFERENCE

Immaculate Heart of Mary Catholic Church, Brentwood, CA  
Saturday, October 15, 2022

*“With Mary,  
We Receive God’s Grace!”*

## Registration

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Name of Parish \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_  
Email \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Diocese \_\_\_\_\_

Adult (suggested donation of \$25)            x \_\_\_\_\_            \$ \_\_\_\_\_  
Youth (11-17; suggested donation of \$20)    x \_\_\_\_\_            \$ \_\_\_\_\_  
Under 11 years old                                x \_\_\_\_\_            FREE  
Clergy/Religious/Seminarian                x \_\_\_\_\_            FREE

I WISH TO DONATE TOWARDS CONFERENCE EXPENSES    \$ \_\_\_\_\_

*List Additional Names Here  
(and Social Media Accounts)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For CASH (*indicate amount*) \_\_\_\_\_

Received by \_\_\_\_\_

For CHECK, or MONEY ORDER, make it payable to:

IMMACULATE HEART OF MARY CATHOLIC CHURCH

Check Number: \_\_\_\_\_

For CREDIT CARD

(    ) VISA      (    ) MasterCard

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_ / \_\_\_\_

CVC No. \_\_\_\_\_ (*back of card last 3 numbers*)

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**Please send Registration Form and Donation to IMMACULATE HEART OF MARY CATHOLIC CHURCH**  
(500 Fairview Avenue, Brentwood, CA 94513) no later than **September 15.**

**Kindly indicate Confirmation of Registration by:** \_\_\_\_\_ Mail \_\_\_\_\_ Email \_\_\_\_\_ Phone Call