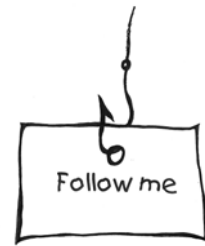


2009 Vocare International Conference

March 26-29, 2009 @ DaySpring Conference Center

Hosted by: **Diocese of Southwest Florida**



Registration Form

Name: _____ Diocese _____

Address: _____

City : _____ State: _____ Zip: _____

e-mail: _____ Cell: _____

Diocesan Contact: _____ Contact e-mail _____

Emergency Contact: _____ Phone: _____

Please provide your travel information:

If your arrival does not fall in the shuttle times listed below, it is your responsibility to secure your transportation. We must have your itinerary no later than March 19, 2009.

Arrival: Shuttle service will be provided

12:30pm., 3:30pm & 7:30pm Only! Tampa Int'l (TPA)

12:50pm, 3:50pm. & 7:50pm Only! St. Petersburg/ Clearwater Int'l (PIE)

Departure: Shuttle service will be provided

12:00pm & 2:00pm Only! Tampa Int'l (TPA)

12:00pm & 2:00pm Only! St. Petersburg/ Clearwater Int'l (PIE)

Will you need a shuttle to and from the airport? ____ Yes ____ No

Arrival Time/ Date: _____ Airport: _____

Airline: _____ Flight #: _____

Departure Time/Date: _____ Airport: _____

Airline: _____ Flight #: _____

Please list any specific dietary needs that you may have:

Cost of registration is \$120.00 per person and includes room & meals. Checks payable to: Diocese of Southwest Florida, 7313 Merchant Ct., Sarasota, FL 34240 to the attention of Michelle Mercurio, Phone: 941-556-0315 x274 Fax: 941-556-0321. For all questions and concerns, please call or e-mail Vanessa Riutta at 727-479-8895 or vocareswfla@yahoo.com.

Form of Payment: Check ____ MC ____ VISA ____

CC# _____ Exp. Date: _____

Last 3 digits on back of card: _____

T-Shirt Sizes (Mens sizing) __ S __ M __ L __ XL __ 2X __ 3X __ 4X

Registration deadline is March 9, 2009

Registration and medical forms should be completed and returned with payment by March 9, 2009.

For office use only:

Date: _____ Check #: _____ CC: _____

Amount: _____ Paid By: _____ Amount Due: \$: _____

V.I.C. Medical Information / Release Form

I, _____, hereby give permission for any and all medical attention due to the injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. I release Vocare International and it's affiliates from any legal responsibility in the event of my sickness, injury or death. I also assume the responsibility for the payment of any such treatment as a result of any of these events.

Insurance Company: _____

Policy Number: _____

Medical History: (Please list any illness or conditions that we should be aware of)

Please list any allergies and medications:

This form must be filled out, signed and dated by the participant and returned by registration. You will not be permitted to attend the event unless this form has been received.

____ I understand that pictures and videos are taken. I hereby give permission for the use of such pictures and videos of myself for the promotion of diocese programs.

____ I hereby agree by execution of this document to release the diocese, any establishment, the staff, the board of directors, and all others acting for, or, on behalf of the diocese from all liability whatsoever, for personal injury, or injuries to property, real or personal, caused by, or arising out of camping and or any other activity sponsored by the diocese. This indemnification specifically includes any costs or attorney's fees which the diocese may incur in order to defend against any claims or demands, as well as any costs or attorney's fees incurred in enforcing this Agreement.

____ I agree to adhere to the rules and regulations of DaySpring Conference Center and follow the policies of the Diocese of Southwest Florida.

Name & Signature: _____ Date: _____

Printed Name: _____