MARYKNOLL MISSION INSTITUTE

PROGRAM APPLICATION FORM

NAME			Firet		Material and a factor of	Init of Dalin Cons if applicable	
Last			First		Middle Initial	Init of Relig. Cong if applicable	
ADDRESS							
CITY	STATE	COUNTRY	ZIP CODE TELEPHONE		E-MAIL ADDRESS		
COUNTRY OF BIRTH BIRTHDATE		BIRTHDATE	SEX	RELIGION	Please add m	e to the Mailing List:	
		Month / Day / Year	F / M		Yes	No	
SPONSORING ORGANIZATION			SELF-SPONSORED	PRESENT MINIST	STRY & LOCATION / OCCUPATION		
STATUS: (Please	check)						
SISTER PRIEST BROTHER SEMINARIAN MK AFFILIATE LAY DEACON OTHER							
All Information given will be kept strictly confidential, to be used for statistical purposes only							
PROGRAM TITLES DATE							
1							
2							
3							
4							
WOULD YOU LIKE TO RESERVE A ROOM? COMING BY CAR/LEAVING					JRATION OF PR	OGRAM AT MARYKNOLL?	
ARRIVAL DATE / TIME: DEPARTURE DATE		/ TIME: NEED TRAVEL IN		FORMATION?			
(Note: It is nece	ssary to mak	e arrangements in a	dvance if you wisl	n to arrive on a day	before or stay	after the program ends.)	
HOW DID YOU LEARN ABOUT US?				HAVE YOU PREVIOUSLY PARTICIPATED IN OUR PROGRAMS?			
				YEAR :			
		OR ANY OTHER COM					
Within 2 - 3 v	veeks, we will	send confirmation to th	ne address vou liste	d on the form indicati	ng vour applica	tion has been received	

Cost of a 5-day program:

- Registration Fee: \$60.00 payable with application (non-refundable)
- Tuition fee for a 5-day program: \$200.00
- Room/ Board: \$55/night
- Tuition fee and room/board can be paid upon arrival. Cash and check only

To register:

- 1. Complete the application.
- 2. Enclose registration fee of US \$60.00, drawn on a US bank. (Check payable to Maryknoll Mission Institute).
- 3. Attach a small informal photo.
- 4. Mail application and enclosures to:

Maryknoll Mission Institute Maryknoll Sisters P.O. Box 311 Maryknoll, NY 10545-0311