



**Registration Form  
Order of Malta, American Association  
Fall Retreat  
Mundelein, Illinois – October 14 - 16, 2016**

Name(s) of Participants \_\_\_\_\_

Area \_\_\_\_\_ Leadership Position \_\_\_\_\_ Year of Prep \_\_\_\_\_  
Please Print

E-Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Special dietary needs \_\_\_\_\_ Special accommodations \_\_\_\_\_

**Amount enclosed:**

Price including all meals is \$450.00 per person \_\_\_\_\_ (number of people) x \$450 = \$\_\_\_\_\_

Please make checks payable to Order of Malta, American Association

Check enclosed \_\_\_\_\_ Total Payment \$ \_\_\_\_\_

**Or Complete the Credit Card Payment Authorization:**

**Please Check One** American Express  Discover

MasterCard  Visa

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Must be signed in order to process credit card payment

Signature \_\_\_\_\_  
**If paying by credit card, you may return by e-mail or fax to: Maria DiGiacomo –  
E-Mail: [maria@orderofmaltaamerican.org](mailto:maria@orderofmaltaamerican.org) - Fax: 212-486-9427**

**If paying by check, please return form and check to Maria at:  
Order of Malta, American Association  
1011 First Avenue, Suite 1350  
New York, NY 10022**

What was the last three day retreat you attended? \_\_\_\_\_

\_\_\_\_\_ This is my first three day retreat

\_\_\_\_\_ Year and City