

Registration Form

Please complete and return form to:

Manuel Maldonado-Villalobos
Archbishop Cousins Catholic Center
PO Box 070912
Milwaukee, WI 53207-0912

Name: _____

Address: _____

Phone (w) _____ (h) _____

E-mail _____

Please indicate what course(s), workshop or track that you will register for:

REFRESHER COURSES:

WORKSHOP SERIES:

CONTINUING EDUCATION TRACKS:

Track Name: _____

Track Name: _____

Track Name: _____

Payment Included: _____

Continuing Education funds for Clergy are available

Please make check payable to Archdiocese of Milwaukee