



Conference of Major Superiors of Men



Oblate Renewal Center

San Antonio, Texas

October 23 – 25, 2017

Thirteenth Annual CMSM Workshop: Instruments of Hope and Healing

Fostering Well-being, Wellness and Flourishing Lives With Men on Safety Plans

CMSM Supervision Workshop – Registration

First Name _____ Last Name _____

Title _____ Congregational Initials _____

First Name Preference for Name Badge: _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

Day Phone # _____ Cell Phone # _____

Your registration will be confirmed by Email.

Make checks payable to "CMSM" and mail with this form to:

CMSM Leadership Workshop
8808 Cameron Street
Silver Spring MD 20910

Registration Fees:

2 nights – Single: \$535.00
3 nights – Single: \$635.00
4 nights – Single: \$725.00
Commuter Rate: \$395.00 (No overnight accommodations)

I will attend the optional Monday Morning Session: _____ Yes _____ No

*I would prefer lodging at: _____ Renewal Center _____ Hotel

- _____ 2 nights – Monday & Tuesday
- _____ 3 nights – Sunday, Monday & Tuesday
- _____ 3 nights – Monday, Tuesday & Wednesday
- _____ 4 nights – Sunday, Monday, Tuesday & Wednesday

*All rooms at the Renewal Center will be filled before anyone is lodged at the hotel. We will attempt to honor preferences, but cannot guarantee to do so. Those who stay at the hotel will be considered commuters and are responsible for making their own hotel reservations and paying the hotel for their rooms.

Please Note:

Reservations will not be held unless full payment is received at the time of registration. All fees are payable to "CMSM" in US Dollars.

REFUND POLICY: Registration refunds (less a \$100.00 non-refundable fee) will be given for cancellations no less than seven [7] days before the start of the workshop. Absolutely no refunds will be given (regardless of the reason) for cancellations made in the week prior to the start of the workshop.

Amount Enclosed: [Payable in US dollars only]

Room for 2 Nights: \$ _____

Room for 3 Nights: \$ _____

Room for 4 Nights: \$ _____

Commuter Rate: \$ _____

FOR OFFICE USE ONLY:

Check # _____

Date: _____

Amount: _____