

REGISTRATION INFORMATION

For more information contact: Convention Chair Peter Tesoriero at: 718-816-1400 or Email them at: petertesoriero@msn.com

FULL REGISTRATION for All Holy Name Members attending the Convention Meetings is \$250 per person

The Full Registration fee includes: (1) Admission to All Convention Meetings & Workshops, (2) All Convention Materials, (3) Convention Bag and Amenities, (4) Refreshments and lunch during Meetings on Friday and Saturday, (5) Convention Tour on Thursday (lunch extra), (6) Presidential Reception Friday, (7) NAHNS Banquet on Saturday, (8) Saturday Workshop sessions/training materials & (9) Saturday Transportation to Church and back to Hotel for NAHNS Banquet Dinner.

For those SPOUSES/GUESTS not registering for the full convention, the PARTIAL REGISTRATION is \$140 per person and includes all of the above except convention meetings and workshops on Friday and Saturday. or those Holy Name Members who are only coming to the Workshops on Saturday, please refer to the following page for Guest and Special Registration Convention pricing.

Staten Island, New York, 10305



2023

NAHNS Convention Registration Form Sponsored by the New York Archdiocesan Union of Holy Name Societies Richmond Division

Convention Dates: Wednesday, September 20 thru Saturday, September 23, 2023

A La Cart Registration for SPOUSES/GUESTS/LOCALS Wanting to Attend Additional/Specific Events

This form is to be used by individuals who have a PARTIAL REGISTRATION (\$140.00) and who wish to attend the Friday or Saturday Session and GUESTS/LOCALS who wish to attend specific Convention sessions/events. Please indicate the Total Costs.

Item	Price Each	Partial Registration of \$140.00.	Guests/Locals
Bus Tour (Thursday)	\$45	Included	\$
Friday Business Session with Lunch	\$55	\$	\$
Presidential Reception (Friday) Includes Bus*	\$43	Included	\$
Spiritual Retreat, Workshops, Materials & Lunch–Saturday	\$55	\$	\$
NAHNS Awards Banquet (Saturday) includes Bus*	\$52	Included	\$
TOTAL		\$	\$

^{*}Includes Bus from Hotel.

A La Cart Registration Information:

Name(s)			
Street-Address:			_
City:	State:	Zip:	
Phone: ()	Email:		
Parish:	Arch)diocese:	water and the state of the stat	
Any allergies or food sensitivities?			
Please include a check payable to: (Mail to)	Holy Name Society Richmond Peter Tesoriero, Chair NAHNS 1142 Hylan Blvd.		

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