



**Deacon Convocation
Saturday, May 6, 2017 (8:30 AM – 2:00 PM)**

Registration Form

Deacon's Name _____

Wife's Name (only if attending) _____

Address _____

E-Mail _____

Day Phone _____

Please list special dietary requirements: _____

Cost: \$25.00 per person. Total Amount \$ _____

Please register by **April 28, 2017**

- To register by mail, please make checks payable to **Diocese of Rochester**, and send form and payment to:

**Deacon John A. Brasley
Diocese of Rochester
1150 Buffalo Road
Rochester, New York 14624**