

# ICHA ANNUAL MEETING REGISTRATION FORM

The Annual Meeting of Ministry Leaders and Members with Canonical Responsibility for the Catholic Church's Health Ministries.

Day and Date: Thursday, September 9, 2021  
Time: 7:30AM Mass; Meeting 8:45AM –12:45PM  
Location: Hilton Rosemont/Chicago O'Hare Hotel  
5550 North River Road  
Rosemont, IL 60018  
847 678-4488  
[www.hilton.com](http://www.hilton.com)

Reservation link:  
[https://www.hilton.com/en/hi/groups/personalized/O/ORDHRHH-ICHA-20210908/index.ihtml?WT.mc\\_id=POG](https://www.hilton.com/en/hi/groups/personalized/O/ORDHRHH-ICHA-20210908/index.ihtml?WT.mc_id=POG)

Name	Organization
_____	_____
_____	_____
_____	_____
_____	_____

**Number of persons attending 7:30AM Mass:** \_\_\_\_\_

**Number of persons staying for lunch:** \_\_\_\_\_

*Please list any dietary restrictions (and person):*

\_\_\_\_\_  
\_\_\_\_\_

**A donation of \$125.00 per person** is requested to cover the cost of food, speakers, and meeting space. We do not accept credit cards. Please make the check payable to ICHA. ***If you are making payment by direct deposit, we need to know the individuals that are included for that payment.*** Thank you.

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Mail with Check to:** Illinois Catholic Health Association  
65 East Wacker Place, Suite 1620  
Chicago, IL 60601  
Tel: 312 368-0011  
Email: [mjoachim@il-cha.org](mailto:mjoachim@il-cha.org)

*Registration forms are also available on our website: [www.il-cha.org](http://www.il-cha.org)*