

# 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, October 3, 2024  
Time: 7:45AM Mass; Meeting 8:45AM – 12:30PM  
Location: Diocese of Joliet / Blanchette Catholic Center  
16555 Weber Road  
Crest Hill, Illinois 60403

Name	Organization
_____	_____
_____	_____
_____	_____
_____	_____

**Number of persons attending 7:45AM 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: \_\_\_\_\_

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

**Mail with Check to:** Illinois Catholic Health Association  
642 W. Deming Place  
Chicago, IL 60614  
Tel: 312 368-0011  
Email: mjoachim@il-cha.org

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