

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 4, 2025
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