

8TH MARIAN CONFERENCE

Immaculate Heart of Mary Catholic Church, Brentwood, CA
October 10-11, 2025



*"With Mary,
We Journey with Hope"*

Registration

Name _____

Phone Number () _____

Address _____

Email _____

Name of Parish _____

Diocese _____

Adult (\$35) x _____ \$ _____

Teen (Grades 6-12; \$30) x _____ \$ _____

Under 11 years old x _____ FREE

Clergy/Religious/Seminarian x _____ FREE

I WISH TO DONATE TOWARDS CONFERENCE EXPENSES \$ _____

TOTAL \$ _____

List Additional Names Here

For CASH (*indicate amount*) _____

Received by _____

For CHECK, or MONEY ORDER, make it payable to:
IMMACULATE HEART OF MARY CATHOLIC CHURCH

Check Number: _____

For CREDIT CARD

Account Number _____

CVC No. _____ (*back of card last 3 numbers*)

Name on Card _____

() VISA () MasterCard

Exp. Date ____ / ____

Signature _____

Please send Registration Form and Donation to IMMACULATE HEART OF MARY CATHOLIC CHURCH

(500 Fairview Avenue, Brentwood, CA 94513) no later than **September 21.**

Registration Confirmation will be sent via Flocknote to the email listed above.

DATE RECEIVED: _____

REVISED 082225