

## CMF NEO 2017 CONFERENCE

### GROUP Mail-in instructions:

- 1) Complete member name, e-mail, etc. form below. Only name and parish are required, but CMF NEO would like to get e-mail addresses.
- 2) Mail completed form, along with payment, to **CMF NEO, P.O. Box 21271, South Euclid, OH 44121**
- 3) Payment methods: Check to "CMF NEO" (Preferred) **OR** your personal credit card (complete all information below). Personal credit card information will be destroyed after successful registration of your group.

Name (as it appears on Credit Card) \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Email address \_\_\_\_\_

Card Type: Master Card    Visa    AMEX    Discover

Number \_\_\_\_\_

Expiration date \_\_\_\_\_

CSV code (three digits, back of card) \_\_\_\_\_

<b>First line.... Member Name (required)</b>	<b>Parish/Group (required)</b>	<b>Email address [PLEASE !]</b>	
<b>Second line [ IF NO E-MAIL] .... Street/PO address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

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**First line.... Member Name (required)**

**Parish/Group (required)**

**Email address [ PLEASE ! ]**

**Second line [IF NO E-MAIL ] .... Street/PO address**

**City**

**State**

**Zip**

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**First line.... Member Name (required) Parish/Group (required) Email address [ PLEASE ! ]**

**Second line [IF NO E-MAIL ] .... Street/PO address City State Zip**

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