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| **2024 ANNUAL MEETING** | | | | | | | |
| **of the**  **NATIONAL ASSOCIATION OF BLACK CATHOLIC ADMINISTRATORS** | | | | | | | |
| September 18-20, 2024 | | | | | | | |
|  |  | | |  |  | | |
| **NABCA Member** | |  | |  |  | | |
| Name: |  | |  |  |  |  |  |
|  | *(Last)* | | | *(First)* | *(Preferred Name)* | | |
| Diocese: |  | | | | | | |
| Arrival Date: |  | | | Departure Date: |  | |  |
|  |  | | |  |  | | |
|  | Yes, I will attend the annual meeting. | | | | | | |
|  | Number of people you are registering. | | | | | | |
|  | No, I will not attend the annual meeting. | | | | | | |
|  |  | | |  |  | | |
| The NABCA Membership Registration fee is $150.00.  ***Guest registration fee is $100.00.*** | | | | | | | |
| **NABCA Guest** | |  | |  |  | | |
| Name: |  | |  |  |  |  |  |
|  | *(Last)* | | | *(First)* | *(Preferred Name)* | | |
| Deadline for payment of registration fee[s] is August 15, 2024. | | | | | | | |
| **Please make registration checks payable to:** | | | | | | | |
|  |  | | |  |  | | |
|  | National Association of Black Catholic Administrators Attn: Pamela Harris, Treasurer 4451 Telfair Blvd, Apt. 5003  Camp Springs, MD 20746 | | | | | | |
|  |  | | |  |  | | |