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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:** |
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|  | National Association of Black Catholic Administrators Attn: Pamela Harris, Treasurer 4451 Telfair Blvd, Apt. 5003Camp Springs, MD 20746 |
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