



REGISTRATION FORM

Please type, or print in block letters

Name _____

Address _____ City/Town _____

State/Province _____ Country _____ Postal Code _____

Congregation _____ Province/Region _____

Relationship to the Congregation (Sister, associate, employee...) _____

E-mail address _____

Tel _____ Fax _____

Language(s) spoken _____

Contact in case of Emergency (name, phone no.): _____

Health Insurance & Policy nos: _____

Name and date of programme for which you are applying :

1. What do you hope to gain from participating in this program?

2. Do you have any particular dietary or health needs? Please be specific.

Please complete this form and send it to Centre International by e-mail, regular mail, or fax.

Centre International St. Joseph
3 chemin du Côteau
43000 Aiguilhe, FRANCE

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