



## Registration Questions

**Registration Type:** \_\_\_\_\_

*Options: (Archbishop, Bishop, Cardinal, Permanent Deacon, General Attendee or Group, Religious Order, Seminarian, Family with Children, International Attendee, Youth Group Student/Chaperone)*

**Prefix:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_

**Home Address (Street/City/State/Zip/Country):** \_\_\_\_\_

\_\_\_\_\_

**Company/Organization (Optional):** \_\_\_\_\_

**Emergency Contact First and Last Name:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

**Emergency Contact Relationship to Attendee:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_

**Age (as of July 2024):** \_\_\_\_\_

Are you fluent in English? Yes/No: \_\_\_\_\_

If the answer to the above is not English, would you attend an English-speaking session?

(Yes/No): \_\_\_\_\_

What other languages are you fluent in? Check all that apply.

- Arabic
- Chinese
- English
- French and French Creole
- German
- Korean
- Russian
- Spanish
- Tagalog (Filipino)
- Vietnamese
- Other (Please indicate): \_\_\_\_\_

Dietary Restrictions (check all that apply):

- Vegan
- Dairy Free
- Gluten Free
- Soy Free
- Nut Free
- Shellfish Free
- Vegetarian
- Other (Please indicate): \_\_\_\_\_

Do you have any serious medical conditions we should be aware of onsite? (Yes/No): \_\_\_\_\_

- If yes, please specify: \_\_\_\_\_

To ensure all of our attendees enjoy their experience at the National Eucharistic Congress and to comply with the Americans with Disabilities Act, we are requesting all registrants indicate whether they will need special accommodations to participate at the event and we will do our best to accommodate those requests.

- Yes; I will require special accommodations in order to participate at the conference.
- No; I will not require special accommodations.

*If yes to the above, please specify onsite needs:*

- Audio Assistance
- Disability Assistance
- Sign Language Interpreter
- Visual Assistance

Where is your parish located? (Country, State/Province, City): \_\_\_\_\_

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What is the name of your parish?: \_\_\_\_\_

If you are not based at a parish, which Diocese are you in?: \_\_\_\_\_

If you are attending with an organization, apostolate, or religious order, what is the name of your group? Please use official name of organization. No nicknames:

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Did you attend the International Eucharistic Congress in Philadelphia in 1976? (Yes/No): \_\_\_\_\_

What topics in the Catholic faith would you be particularly interested in learning about at this Congress?

- Adoration
- Community Service
- Culture/Art/Music
- Eucharistic Revival
- Evangelization/Accompaniment
- Fatherhood
- Feminine Genius
- Health
- History
- Marriage/Family
- Mary/Saints
- Masculinity
- Miracles
- Motherhood
- News/Politics
- Prayer Intentions
- Priesthood/Religious Life
- Pro-Life
- Religious Liberty
- Scripture
- Spiritual Warfare
- Theology

*If you are a college graduate, there may be opportunities on-site for alumni meet-ups. If you would be interested in taking part in those, please provide the following:*

**What university did you graduate from? (optional):** \_\_\_\_\_

**What year did you graduate from university? (optional):** \_\_\_\_\_

*The following questions are asked on behalf of the National Eucharistic Revival and are optional:*

**Are you interested in being a Eucharistic Missionary? (Yes/No):** \_\_\_\_\_

**Are you interested in leading a small group at your parish for the Eucharistic Revival? (Yes/No):** \_\_\_\_\_

*The following questions are asked of specific registration types only. Please answer any that pertain to your registration type.*

**How did you hear about the Congress?**

*(Asked of Deacons, General Attendees, Families with Children, Priests, Religious Order, Seminarians, and Youth Group Students/Leaders/Chaperones)*

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <input type="radio"/> Email         | <input type="radio"/> Podcast      |
| <input type="radio"/> Friend        | <input type="radio"/> Radio        |
| <input type="radio"/> Media         | <input type="radio"/> Social Media |
| <input type="radio"/> Parish Priest | <input type="radio"/> Other: _____ |

**Parent Name:** \_\_\_\_\_

*(Asked of Youth Group Students Only)*

**Parent Email / Phone Number:** \_\_\_\_\_

*(Asked of Youth Group Students Only)*

**What Seminary are you currently attending?** \_\_\_\_\_

*(Asked of Seminarians Only)*

**Are you a transitional deacon?** \_\_\_\_\_

*(Asked of Seminarians Only)*

**Would you like to concelebrate mass while onsite? (Yes/No):** \_\_\_\_\_  
*(Asked of Priests, Archbishops, Bishops and Cardinals Only)*

**Would you like to hear confessions onsite? (Yes/No):** \_\_\_\_\_  
*(Asked of Priests, Archbishops, Bishops and Cardinals Only)*

**Rite (Optional):** \_\_\_\_\_  
*(Asked of Priests Only)*

**Diocesan priest (Yes/No):** \_\_\_\_\_  
*(Asked of Priests Only)*

**Religious Order (Yes/No and Name):** \_\_\_\_\_  
*(Asked of Priests Only)*