



**DIETARY RESTRICTIONS OR COMMENTS**

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GUEST #1: NAME AS IT SHOULD APPEAR ON YOUR NAME BADGE

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GUEST #1: INSTITUTIONAL AFFILIATION

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GUEST #1: EMAIL ADDRESS

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GUEST #2: NAME AS IT SHOULD APPEAR ON YOUR NAME BADGE

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GUEST #2: INSTITUTIONAL AFFILIATION

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GUEST #2: EMAIL ADDRESS

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**Send checks, with this form, to our office:**

**ALSCW  
The Catholic University of America  
Marist Annex, Room 223  
620 Michigan Ave. NE  
Washington, DC 20064**