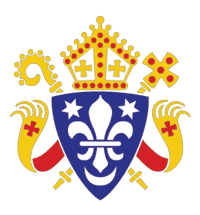
**BOOKING FORM FOR ADOREMUS**

Please complete as fully as possible in block capitals

Please fill in all \* for your request to be processed and return to:

**Department for Liturgy, Diocese of Hexham and Newcastle, West Road, Newcastle upon Tyne, NE15 7PY**

**liturgy@diocesehn.org.uk**

|  |  |
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| **ATTENDEE DETAILS** | |
| **Your Title\*** |  |
| **Forename\*** |  |
| **Surname\*** |  |
| **Address Line 1\*** |  |
| **Address Line 2\*** |  |
| **Town/City\*** |  |
| **Post Code\*** |  |
| **Preferred phone contact\*** |  |
| **Email** |  |
| **Diocese** | Diocese of Hexham and Newcastle |
| **Parish\*** |  |
| **Parish town\*** |  |
| **Partnership\*** |  |

|  |  |
| --- | --- |
| **EMERGENCY CONTACT DETAILS** | |
| **Name\*** |  |
| **Relationship to you\*** |  |
| **Contact number\*** |  |

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| --- |
| Please indicate any special needs or other information in relation to your attendance |
|  |

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| **ATTENDANCE** | |
| Please indicate the day/s you wish to attend: | |
|  | **Friday 7 September 2018 - ADOREMUS SYMPOSIUM DAY** (£40) |
|  | **Saturday 8 September 2018 - ADOREMUS CONGRESS DAY** (paid by partnerships) |
|  | **Sunday 9 September 2018 - ADOREMUS PILGRIMAGE MASS** (no charge) |

**CONTINUED OVERLEAF…**

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| **FRIDAY SYMPOSIUM** (please only complete if you are attending on Friday 7 September) | | | | |
| On the afternoon of the Friday there are three presentation slots each with three choices. We will do our best to accommodate preferences but these can’t be guaranteed. | | | | |
| **Presentation One (please choose from one below)** | | | | |
|  | *Preparing children for the Sacraments of Initiation* | | | |
|  | *The Ministry of the Eucharist in hospitals and prisons* | | | |
|  | *Eucharistic Liturgical Rites outside of Mass* | | | |
| **Presentation Two (please choose from one below)** | | | | |
|  | *The Eucharist as a sign of the Church’s Unity “One Bread, One Body” revisited* | | | |
|  | *“A kingdom of justice, love and peace”: The Eucharist and Social Justice* | | | |
|  | *Teaching children to pray* | | | |
| **Presentation Three (please choose from one below)** | | | | |
|  | *John Henry Newman and Dominic Barberi: An historical moment in Eucharistic Adoration* | | | |
|  | *Musical resources for Adoration* | | | |
|  | *Extraordinary Ministers of Holy Communion: Ministry and Practice* | | | |
|  | | | | |
| Please indicate any dietary requirements if attending Friday (a sandwich lunch will be provided): | | | | |
|  | | | | |
| **PAYMENT FOR FRIDAY SYMPOSIUM** | | | | |
| Please indicate below who will be paying for the Friday Symposium. If you indicate that your partnership will be paying you must have prior consent for this from the partnership dean. | | | | |
| **Cost** | | | **Individual**  (please tick) | **Partnership**  (please tick) |
| **£40** | | |  |  |
| If you are personally covering the cost of attendance on Friday, please include a cheque for £40 made payable to ‘*The Diocese of Hexham and Newcastle’*. | | | | |
|  | | **I enclose a cheque for £40** | | |

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| **SUNDAY PILGRIMAGE MASS** (please only complete if you are attending on Sunday 9 September) | |
| Delegates attending the Friday or the Saturday can reserve one place for the Pilgrimage Masses on the Sunday. Please tick one if you wish to attend: | |
|  | **9.30am** |
|  | **11.30am** |

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| **CONSENT** (all attendees MUST complete this section) | |
| ‘Adoremus: National Eucharistic Pilgrimage & Congress’ is coordinated by The Catholic Trust for England and Wales (CaTEW).   * All information provided will be used and maintained by the Events Planning Department of the Catholic Trust for England and Wales (CaTEW) for the purposes of the generation of statistics, and future event planning. If you wish to amend any of the information that you have provided please contact Gerry Kehoe at [Gerry.Kehoe@CBCEW.org.uk](mailto:Gerry.Kehoe@CBCEW.org.uk) * Information provided may be retained for the purposes listed above. Please indicate if you consent to this (if you indicate that you are not, all information will be securely destroyed as soon as possible). | |
|  | **YES** |
|  | **NO** |
| * The information you have provided will be safeguarded and maintained under controlled conditions, and will not be passed on to third parties. | |

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| Please sign and date below (All attendees MUST complete this section. Electronic signatures may be used) | |
| **Signature** |  |
| **Date** |  |