

**2024 ANNUAL ALBANIAN ORTHODOX ARCHDIOCESAN ASSEMBLY
REGISTRATION FORM**

Parish: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

Parish Priest: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

Attached/Retired Clergy: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

Archdiocesan Council Officer/Trustee: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

Parish Council Chair: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

Assembly Delegate: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

Assembly Delegate: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

Assembly Alternate: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

Observer: _____ **In Person** **Zoom**

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

Zoom observers will be sent an individual invite to the email address provided; only pre-approved observers will be granted access to the stream. Include the additional sheet if more than one.

NOTE:

Please indicate the number of registrants who will attend the Banquet on Friday night: _____

Tickets to the Banquet for those not registered for the Assembly will be on sale by the local committee.

Mail this registration form with a check for the assembly registration fee of **\$150.00** per person registered, payable to **“SS. Peter and Paul Church”** **no later than Friday, August 30, 2024:**

SS. Peter and Paul Church
ATTN: 2024 Archdiocesan Assembly
9230 Old Bustleton Ave
Philadelphia PA 19115-4616

Additional Sheet for Observers (if more than 1 attending)

Parish: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____

Observer: _____ **In Person** **Zoom**
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **Email:** _____

Observer: _____ **In Person** **Zoom**
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **Email:** _____

Observer: _____ **In Person** **Zoom**
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **Email:** _____

Observer: _____ **In Person** **Zoom**
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **Email:** _____

Observer: _____ **In Person** **Zoom**
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **Email:** _____

Observer: _____ **In Person** **Zoom**
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **Email:** _____

Observer: _____ **In Person** **Zoom**
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **Email:** _____

Observer: _____ **In Person** **Zoom**
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **Email:** _____

Observer: _____ **In Person** **Zoom**
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **Email:** _____