



NATIONAL
**Eucharistic
Congress**

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.

- | | |
|---|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> English | <input type="checkbox"/> Tagalog (Filipino) |
| <input type="checkbox"/> French and French Creole | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> German | <input type="checkbox"/> Other (Please indicate): _____ |
| <input type="checkbox"/> Korean | |

Dietary Restrictions (check all that apply):

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Nut Free |
| <input type="checkbox"/> Dairy Free | <input type="checkbox"/> Shellfish Free |
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Soy Free | <input type="checkbox"/> 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): _____

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:

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?

- | | |
|---|--|
| <input type="checkbox"/> Adoration | <input type="checkbox"/> Masculinity |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Miracles |
| <input type="checkbox"/> Culture/Art/Music | <input type="checkbox"/> Motherhood |
| <input type="checkbox"/> Eucharistic Revival | <input type="checkbox"/> News/Politics |
| <input type="checkbox"/> Evangelization/Accompaniment | <input type="checkbox"/> Prayer Intentions |
| <input type="checkbox"/> Fatherhood | <input type="checkbox"/> Priesthood/Religious Life |
| <input type="checkbox"/> Feminine Genius | <input type="checkbox"/> Pro-Life |
| <input type="checkbox"/> Health | <input type="checkbox"/> Religious Liberty |
| <input type="checkbox"/> History | <input type="checkbox"/> Scripture |
| <input type="checkbox"/> Marriage/Family | <input type="checkbox"/> Spiritual Warfare |
| <input type="checkbox"/> Mary/Saints | <input type="checkbox"/> 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="checkbox"/> Email | <input type="checkbox"/> Podcast |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Media | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Parish Priest | <input type="checkbox"/> 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)

