



**SERVITE CENTER
OF COMPASSION**

**REGISTRATION
FORM**

Name of Event for which you are registering:

Date of Event for which you are registering: _____

Amount of fee enclosed: _____

(make checks payable to **Servants of Mary**)

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Send this form and your program fee to:

Servite Center of Compassion

7400 Military Avenue

Omaha, NE 68134