



## REGISTRATION FORM

### 1. Identification

- Civil Name: \_\_\_\_\_  
(as it is on your passport or on your identity document)
- Passport number: \_\_\_\_\_
- Identity document number: \_\_\_\_\_
- Religious name: \_\_\_\_\_
- Province: \_\_\_\_\_
- Complete address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E-mail: \_\_\_\_\_
- Phone: \_\_\_\_\_

### 2. Communication:

- Languages that you speak: \_\_\_\_\_
- Languages that you understand: \_\_\_\_\_

### 3. Health

- Special care needs? ( ) Yes ( ) No
- Which? (Specify) \_\_\_\_\_

### 4. Special Interests besides the Chapter of Mats:

\_\_\_\_\_

### 5. Clarifications:

1. Each sister takes responsibility for any trips in Brazil before September 30 and after October 17, 2007.
2. Arrival is anticipated in Porto Alegre on September 30, 2007. From October 01 to 03, there will be a specific program in the Sacred Heart of Jesus Province - Porto Alegre, RS
3. After the Chapter of Mats, between October 15 and 17, there will be a specific program in the Immaculate Heart of Mary Province - Santa Maria, RS.

**Note:** Please, be so kind and send - by September 01, 2007 -your travel information:

- time of your arrival in Porto Alegre and flight number

to

**Sister Paula Schneider**

**Phone: (00XX) 51 33 32 1666**

**Fax number: (00XX) 51 33 35 1032**

**E-mail: [paula@socalifra.com.br](mailto:paula@socalifra.com.br)**