

GENERATIONS FOR LIFE YOUTH LEADERSHIP CONFERENCE
 Sat., Oct. 22, 2005, 10 a.m. to 3 p.m., St. Mary of the Angels Church, Chicago

My Name: _____

My School/Parish: _____

I am a: Student (YEAR: _____) Moderator/Parent

Address: _____

City: _____ State: ___ Zip Code: _____

Tel: _____ E-mail: _____

Total No. People: x \$20 = Total Encl.: \$

Check payable to Pro-Life Action League (mail only)

Visa MasterCard

Card #: _____

Expiration Date: _____ / _____

Name on Card: _____

REGISTRATION

Mail with registration fee by Oct. 15:

Generations for Life
 6160 N. Cicero Ave. Ste 605
 Chicago, IL 60646



Or fax (credit only) to 773-777-3061.

I am also registering the following:

	NAME	YEAR
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____