*Extraordinary Ministers of the*

*Eucharist Workshop*

Expression of Interest

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name of Contact Person for booking request** | **Title:**   | **First:** | **Last:** |
| **Name of Parish/Organisation**  |  |
| **Postal Address** |  |
| **Physical Address if different** |  |
| **E-mail address** |  |
| **Contact number/s**  | **Telephone number:** | **Mobile number:** |
| **Proposed date of Workshop** |  |
| **Alternative date of presentation** |  |
| **Proposed presentation venue** |  |
| **Anticipated number of attendees** |  |
| **Costs to be shared** | **□** Yes - other Parish/es ……………………………………**□ No** |
| **Technology & resources to be provided by the ACU Centre for Liturgy** *(tick as applicable)* | **□** Laptop**□** Data-projector |

**Any further information you wish to provide:**

|  |
| --- |
| COMPLETE and RETURN by mail or email to |
| ACU Centre for Liturgy |  |
| Locked Bag 2002 | T: +61 297014751 |
| 25A Barker Road | E: CentreforLiturgy@acu.edu.au |
| **Strathfield, NSW 2135** | W: acu.edu.au/centreforliturgy |