*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 |