



Name: \_\_\_\_\_

### **HEALTH INFORMATION**

Please note any special health needs, e.g., allergies, special diet, asthma, etc.

Medical Insurance information and number (if valid in Europe):

**EMERGENCY CONTACT INFORMATION:** We presume you wish us to contact your major superior in the United States in case of emergency unless you indicate otherwise.

**Should a major, catastrophic medical emergency arise while a Sister is in Rome, we assure the Sister of proper medical care; nevertheless, it is the expectation of the Domus Program that the Sister's Community will be the responsible Party to direct the care and cost of medical services.**

**To complete the registration** you are advised to download Adobe Reader version DC, the latest free version before you fill in the form.

**Type directly on the form, save it with a new name on your computer, and PLEASE RETURN THE FORM AS ATTACHMENT TO: [mmreginapacis@gmail.com](mailto:mmreginapacis@gmail.com)**

Sr. M. Regina Pacis, FSGM  
Domus Sanctae Mariae Guadalupe  
Piazza Benedetto Cairoli, 117  
00186 Rome, Italy

**Please mail checks to the CMSWR Office in Washington, DC (Address on page one at top).**

**A check (\$1,500.00 per person) is to be made payable to Council of Major Superiors of Women Religious with notation of the name(s) of the Sister(s) participating.**