



Council of Major Superiors of Women Religious

P. O. Box 4467 | Washington, DC 20017-0467

Telephone: (202) 832-2575 | Fax: (202) 832-6325

Email: executivedirector@cmswr.org

APPLICATION FOR 2020 SUMMER PROGRAM (June 23 – July 14, 2020) CMSWR HOUSE OF STUDIES IN ROME

PERSONAL INFORMATION

Full Religious Name: _____

Full Legal Name on Passport: _____

First

Middle

Last

Passport number: _____ Passport expiration date: _____

Citizenship: _____

Date of Final Profession: _____ Date of Birth: _____

Community: _____

Major Superior: _____

Motherhouse/Provincial House Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Fax: _____

Cell phone: _____ Email: _____

Your residence, i.e. Convent Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Fax: _____

Cell phone: _____ Email: _____

Preferred way of contacting you: _____

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:

Fill in the form (typed), save it with a new name on your computer and

PLEASE RETURN THE FORM AS AN ATTACHMENT TO: jpoudrier@cmswr.org

or mail to:

CMSWR

P.O. Box 4467

Washington, DC 20017

A check (\$1,500 per person) can be made payable to *Council of Major Superiors of Women Religious or CMSWR* with notation of the name/s of the sister participating, after her superior receives confirmation that there is a place for the sister.

Please mail checks to: CMSWR National Office, P.O. Box 4467, Washington, DC 20017