



2019 Annual Convocation

GENERAL INFORMATION

This year's convocation in St. Louis will be housed at the National Shrine of Our Lady of the Snows, in Belleville, Illinois, one of the largest outdoor shrines in North America. (snows.org) It is located on 200 acres of natural beauty on the bluffs overlooking the Mississippi River Valley and is visited each year by over one million people. In flying to the convocation, you will [fly into St. Louis Lambert International Airport](#) and be driven to Our Lady of the Snows Shrine Hotel, 26 miles from the airport and 10 miles from downtown St. Louis, MO. We will begin with dinner on Monday, April 29 at 6:30 pm and end with lunch on Friday, May 3 at 12 noon. Our Wednesday outing will include a visit the St. Louis Arch, Mass at the Cathedral with [Auxiliary Bishop Emeritus Robert Joseph Hermann of St. Louis](#) and conclude with a dinner at a wonderful Italian restaurant.

COST

The total cost of the convocation differs based on the number of persons per hotel room:

\$660 per liaison for a single occupancy room

\$480 per liaison (or spouse) for a double occupancy room (liaison + spouse = \$960)

This includes your hotel room, the outing to St. Louis and dinner, all meals for the duration of the convocation, Monday dinner through lunch on Friday. Daily continental breakfast is included and served in the breakfast area of the Shrine Hotel. Rooms at the Shrine Hotel have 2 Queen size beds or 1 King bed. If you plan to share a room, then please indicate this on the registration form and who you will share it with, or we can match you up with another liaison in a room with 2 queen size beds.

HOW TO REGISTER

Please complete the ADL 2019 REGISTRATION FORM, include it with your [check payable to ADL, and send them to Holy Name of Jesus Parish, 16 S. Iowa St., Kansas City, KS 66103. Registration needs to be received postmarked by April 1, 2019,](#) and cancellations made before April 14th will receive full refund.

TRAVEL PLANS

The 2019 Convocation **begins Monday, April 29th at 6:30 pm with dinner and ends 12:00 noon Friday, May 3rd with a box lunch.** Flights need to be made into **St. Louis Lambert International Airport**, which is about 40 minutes from the Retreat House. It would help us all if you could arrange your flight to arrive between 1 - 4 pm on Monday, April 29th, and leave no earlier than 3 pm on Friday, May 3rd. There will be a traveler's Mass at 5:30 pm on April 29th prior to the kickoff dinner.

PRIESTS AND DEACONS

If you wish to function as such for liturgies, you **MUST** send a letter of good standing from your diocese in a timely manner to both the Diocese of Belleville (Shrine) and the Archdiocese of St. Louis (Cathedral Mass).

Diocese of Belleville: Deacon Douglas L. Boyer M.S.C.M., Chancellor of the Diocese of Belleville, 222 South Third Street, Belleville, IL 62220, or email it to dboyer@diobelle.org.

Archdiocese of St. Louis: Msgr. Jerome Billing, Chancellor for Canonical Affairs, Cardinal Rigali Center, 20 Archbishop May Drive, St. Louis, MO 63119, or email it to billing@archstl.org.

FOR QUESTIONS, PLEASE CONTACT:

Mrs. Terry Riggins

terryriggins56@gmail.com or 703-593-0939

Fr. Anthony Ouellette

frouellette@gmail.com or 913-671-9233

ADL 2019 Registration Form: April 29 - May 3, 2019

(Please Print or Type)

PLEASE CHECK: LIAISON____ ASSOCIATE LIAISON____ ARCH/DIOCESE:_____

YOUR NAME: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____

CELL PHONE #: _____ EMAIL ADDRESS: _____

Circle one: Single occupancy: \$660 Double occupancy with Spouse: \$960 Double occupancy: \$480

If you are preselecting a roommate (spouse or another Liaison) please submit their name on this form and complete the following information for them. All Liaisons or Associate Liaisons should complete a separate registration form.

NAME OF ROOMMATE/SPOUSE: _____

CELL PHONE #: _____ EMAIL ADDRESS: _____

OR please circle Yes if you would like us to select your roommate YES

ANY FOOD ALLERGIES (circle one)? NO YES (if yes, please describe) _____

DO YOU REQUIRE GLUTEN FREE MEALS AND SNACKS (circle one)? NO YES

ANY OTHER SPECIAL NEEDS: _____

EMERGENCY CONTACT NAME AND PHONE: _____

TRAVEL ITINERARY:

DATE: __APRIL 29__ ARR TIME: _____ AIRLINE: _____ FLIGHT #: _____

DATE: __MAY 3__ DEP TIME: _____ AIRLINE: _____ FLIGHT #: _____

Please mail completed form, along with check payable to **ADL** and mail to:

**Holy Name of Jesus Parish
16 S. Iowa St.
Kansas City, KS 66103**

Registration must be postmarked on or before April 1, 2019

www.AssociationofDiocesanLiaisons.org