

HOLY TRINITY APOSTOLATE

presents

Breakfast with the Cardinal

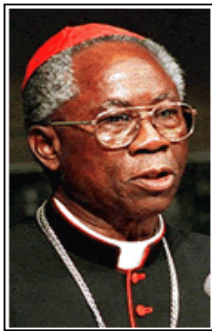


Direct from Rome
FRANCIS CARDINAL ARINZE

Saturday, September 30, 2006

KEYNOTE SPEAKER

Francis Cardinal Arinze



*Prefect, Congregation
for Divine Worship
and the Discipline of
the Sacraments*

Vatican City, Rome

**“The Vital Role of the Sacred Liturgy
in the Life and Mission of the
Church”**

1985- Elevated to Cardinal at Consistory
by *Pope John Paul II*

GUEST SPEAKER

Fr. Tadeusz Pacholczyk



*Director of Education
National Catholic
Bioethics Center*

Philadelphia, PA

**“Making Health Care
Decisions for Patients in
Either Compromised or End
of Life Situations”**



Andiamo Restaurant

7096 East 14 Mile Rd
Warren, Michigan

9AM - 1PM

* Complimentary Valet Parking

9AM – 10AM Social Hour

10AM Program Begins

Breakfast Served

MASTER OF CEREMONIES

Teresa Tomeo



Reservations for Breakfast with the Cardinal:

Please RSVP by September 15, 2006

- Please reserve _____ place(s) @ \$75 per person.
- Please reserve 1 table (10 places) @ \$700 (please list names and addresses of additional people attending).
- Please reserve **2 or more tables** (10 places per table) @ \$650 per table. Number of tables reserved _____
- Private Reception** available to Sponsors- see website or call for details.

Checks Payable: Holy Trinity Apostolate, PO Box 7095, Sterling Heights, MI 48311-7095



Last Name _____ First Name _____

Address _____ City _____ State _____ ZIP Code _____

Phone _____ E-mail _____ Parish _____

Information: Shirley 313 • 277 • 8905 or Jerene 248 • 334 • 1292 or Pat 586 • 264 • 3789

E-mail: barbaramm@sbcglobal.net Website: www.holytrinityapostolate.com (registration forms available on website)

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TABLE RESERVATIONS:

Please RSVP by September 15, 2006

- Please reserve 1 table (10 places) @ \$700 (please list names and addresses of additional people attending).
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 - I/We are unable to attend. Enclosed is a tax-deductible contribution of \$ _____
- Checks Payable:** Holy Trinity Apostolate, PO Box 7095, Sterling Heights, MI 48311-7095

Last Name _____ First Name _____
 Address _____ City _____ State _____ ZIP Code _____
 Phone _____ E-mail _____ Parish _____

Names of ALL individuals attending under this PAID registration	
Last Name _____	First Name _____
Address _____	City _____ State _____ ZIP Code _____
Phone _____	E-mail _____
Last Name _____	First Name _____
Address _____	City _____ State _____ ZIP Code _____
Phone _____	E-mail _____
Last Name _____	First Name _____
Address _____	City _____ State _____ ZIP Code _____
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