```
<!DOCTYPE HTML PUBLIC "-//W3C//DTD HTML 4.01//EN"</pre>
"http://www.w3.org/TR/html4/strict.dtd">
<html class="supernova"><head>
<meta http-equiv="Content-Type" content="text/html;</pre>
charset=utf-8" />
<link rel="alternate" type="application/json+oembed"</pre>
href="https://www.jotform.com/oembed/?format=json&url=http%
3A%2F%2Fwww.jotform.com%2Fform%2F70878085966172" title="oEmbed
Form"><link rel="alternate" type="text/xml+oembed"
href="https://www.jotform.com/oembed/?format=xml&url=http%3A%
2F%2Fwww.jotform.com%2Fform%2F70878085966172" title="oEmbed
<meta property="og:title" content="Professional Development</pre>
Workshop Registration Form" >
<meta property="og:url"</pre>
content="http://www.jotform.us/form/70878085966172" >
<meta property="og:description" content="Please click the link to</pre>
complete this form.">
<meta name="viewport" content="width=device-width, initial-scale=</pre>
1.0, maximum-scale=1.0, user-scalable=0" />
<meta name="HandheldFriendly" content="true" />
<title>Retreat Registration Form</title>
<link href="https://cdn.jotfor.ms/static/formCss.css?3.3.18119"</pre>
rel="stylesheet" type="text/css" />
<link type="text/css" rel="stylesheet"</pre>
href="https://cdn.jotfor.ms/css/styles/nova.css?3.3.18119" />
<link type="text/css" media="print" rel="stylesheet"</pre>
href="https://cdn.jotfor.ms/css/printForm.css?3.3.18119" />
<link type="text/css" rel="stylesheet"</pre>
href="https://cdn.jotfor.ms/themes/CSS/566a91c2977cdfcd478b4567.c
ss?"/>
<style type="text/css">
    .form-label-left{
        width:150px !important;
    .form-line{
        padding-top:12px;
        padding-bottom:12px;
    .form-label-right{
        width:150px !important;
    body, html{
        margin:0;
        padding:0;
        background: false;
    .form-all{
        margin: 0px auto;
        padding-top:0px;
        width:650px;
```

```
color:#555 !important;
        font-family: "Lucida Grande", "Lucida Sans Unicode",
"Lucida Sans", Verdana, sans-serif;
        font-size:14px;
    .form-radio-item label, .form-checkbox-item label, .form-
grading-label, .form-header{
      color: #555;
    }
</style>
<style type="text/css" id="form-designer-style">
    /* Injected CSS Code */
.form-label.form-label-auto {
     display: inline-block;
      float: left;
     text-align: left;
      }/*PREFERENCES STYLE*/
    .form-all {
      font-family: 'Lucida Grande', 'Lucida Sans Unicode',
'Lucida Sans', Verdana, Tahoma, sans-serif, sans-serif;
    .form-all .qq-upload-button,
    .form-all .form-submit-button,
    .form-all .form-submit-reset,
    .form-all .form-submit-print {
     font-family: 'Lucida Grande', 'Lucida Sans Unicode',
'Lucida Sans', Verdana, Tahoma, sans-serif, sans-serif;
    .form-all .form-pagebreak-back-container,
    .form-all .form-pagebreak-next-container {
      font-family: 'Lucida Grande', 'Lucida Sans Unicode',
'Lucida Sans', Verdana, Tahoma, sans-serif, sans-serif;
    .form-header-group {
     font-family: 'Lucida Grande', 'Lucida Sans Unicode',
'Lucida Sans', Verdana, Tahoma, sans-serif, sans-serif;
    .form-label {
      font-family: 'Lucida Grande', 'Lucida Sans Unicode',
'Lucida Sans', Verdana, Tahoma, sans-serif, sans-serif;
    .form-line {
     margin-top: 12px 36px 12px 36px px;
     margin-bottom: 12px 36px 12px 36px px;
```

```
.form-all {
 width: 650px;
.form-label-left,
.form-label-right {
 width: 150px
}
.form-all {
  font-size: 14pxpx
.form-all .qq-upload-button,
.form-all .qq-upload-button,
.form-all .form-submit-button,
.form-all .form-submit-reset,
.form-all .form-submit-print {
  font-size: 14pxpx
.form-all .form-pagebreak-back-container,
.form-all .form-pagebreak-next-container {
 font-size: 14pxpx
.supernova .form-all, .form-all {
 background-color: ;
 border: 1px solid transparent;
.form-all {
 color: #555;
.form-header-group .form-header {
  color: #555;
.form-header-group .form-subHeader {
 color: #555;
}
.form-label-top,
.form-label-left,
.form-label-right,
.form-html,
.form-checkbox-item label,
.form-radio-item label {
 color: #555;
.form-sub-label {
 color: #6f6f6f;
.supernova {
```

```
background-color: undefined;
    .supernova body {
      background: transparent;
    .form-textbox,
    .form-textarea,
    .form-radio-other-input,
    .form-checkbox-other-input,
    .form-captcha input,
    .form-spinner input {
      background-color: undefined;
    .supernova {
      background-image: none;
    #stage {
      background-image: none;
    .form-all {
      background-image: none;
  /*PREFERENCES STYLE*//* INSPECT SEPERATOR */
    /* Injected CSS Code \frac{1}{*}
</style>
<script src="https://cdn.jotfor.ms/static/prototype.forms.js"</pre>
type="text/javascript"></script>
<script src="https://cdn.jotfor.ms/static/jotform.forms.js?</pre>
3.3.18119" type="text/javascript"></script>
<script type="text/javascript">
   JotForm.init(function(){
      setTimeout(function() {
          $('input 4').hint('ex: myname@example.com');
       }, 20);
 JotForm.calendarMonths =
["January", "February", "March", "April", "May", "June", "July", "August
", "September", "October", "November", "December"];
JotForm.calendarDays =
["Sunday", "Monday", "Tuesday", "Wednesday", "Thursday", "Friday", "Sat
urday", "Sunday"];
 JotForm.calendarOther = {"today":"Today"};
 JotForm.setCalendar("31", false,
{"days":{"monday":true,"tuesday":true,"wednesday":true,"thursday"
:true, "friday":true, "saturday":true, "sunday":true}, "future":true,
"past":true, "custom":false, "ranges":false, "start":"", "end":""});
     JotForm.clearFieldOnHide="disable";
     JotForm.onSubmissionError="jumpToFirstError";
```

```
});
</script>
</head>
<body>
<form class="jotform-form" action="retInsert.php" method="post"</pre>
accept-charset="utf-8">
  <div class="form-all">
    type="control head">
       <div class="form-header-group ">
         <div class="header-text httal htvam">
           <h1 id="header 1" class="form-header" data-</pre>
component="header">
             Retreats
           </h1>
           <div id="subHeader 1" class="form-subHeader">
             We look forward to your involvement with Campus
Ministry! Please fill out the form below.
           </div>
         </div>
       </div>
     type="control fullname" id="id 3">
       <label class="form-label form-label-left form-label-auto"</pre>
id="label 3" for="input 3">
         Full Name
         <span class="form-required">
         </span>
       </label>
       <div id="cid 3" class="form-input jf-required">
         <div data-wrapper-react="true">
           <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
             <input type="text" name="first" class="form-textbox</pre>
validate[required]" size="10" value="" data-component="first" />
             <label class="form-sub-label" for="first"</pre>
style="min-height:13px;"> First Name </label>
           </span>
           <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
             <input type="text" name="middle" class="form-</pre>
textbox" size="10" value="" data-component="middle" />
             <label class="form-sub-label" for="middle"</pre>
style="min-height:13px;"> Middle Name </label>
           </span>
           <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
             <input type="text" name="last" class="form-textbox</pre>
validate[required]" size="15" value="" data-component="last" />
```

```
<label class="form-sub-label" for="last"</pre>
style="min-height:13px;"> Last Name </label>
           </span>
         </div>
       </div>
     type="control textbox" id="id 21">
       <label class="form-label form-label-left form-label-auto"</pre>
for="classYear">
         Class Year
         <span class="form-required">
         </span>
       </label>
       <div id="cid 21" class="form-input jf-required">
         <input type="text" name="classYear" data-type="input-</pre>
textbox" class="form-textbox validate[required]" size="20"
value="" data-component="textbox" />
       </div>
     type="control textbox" id="id 28">
       <label class="form-label form-label-left form-label-auto"</pre>
for="sid">
         Student ID
         <span class="form-required">
         </span>
       </label>
       <div id="cid 28" class="form-input jf-required">
         <input type="text" name="sid" data-type="input-textbox"</pre>
class="form-textbox validate[required]" size="20" value="" data-
component="textbox" />
       </div>
     type="control dropdown" id="id 29">
       <label class="form-label form-label-left form-label-auto"</pre>
for="gender">
         Gender
         <span class="form-required">
         </span>
       </label>
       <div id="cid 29" class="form-input jf-required">
         <select class="form-dropdown validate[required]"</pre>
name="gender" style="width:150px;" data-component="dropdown">
           <option value=""> </option>
           <option value="M"> Male </option>
           <option value="F"> Female </option>
           <option selected="" value=""> </option>
```

```
</select>
       </div>
     id="id 4">
       <label class="form-label form-label-left form-label-auto"</pre>
for="email">
         E-mail
         <span class="form-required">
         </span>
       </label>
       <div id="cid 4" class="form-input jf-required">
         <input type="email" name="email" class="form-textbox</pre>
validate[required, Email]" size="30" value="" placeholder="ex:
myname@example.com" data-component="email" />
       </div>
     <label class="form-label form-label-left form-label-auto"</pre>
for="phone">
         Phone Number
         <span class="form-required">
         </span>
       </label>
       <div id="cid 6" class="form-input jf-required">
         <div data-wrapper-react="true">
           <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
             <input type="tel" name="area" class="form-textbox</pre>
validate[required]" size="3" value="" data-component="areaCode"
/>
             <span class="phone-separate">
               –
             </span>
             <label class="form-sub-label" for="area"</pre>
style="min-height:13px;"> Area Code </label>
           <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
             <input type="tel" name="number" class="form-textbox</pre>
validate[required]" size="8" value="" data-component="phone" />
             <label class="form-sub-label" for="number"</pre>
style="min-height:13px;"> Phone Number </label>
           </span>
         </div>
       </div>
     type="control textbox" id="id 30">
```

```
<label class="form-label form-label-left form-label-auto"</pre>
for="caddr">
          Campus Address
          <span class="form-required">
          </span>
        </label>
        <div id="cid 30" class="form-input jf-required">
          <input type="text" name="caddr" data-type="input-</pre>
textbox" class="form-textbox validate[required]" size="20"
value="" data-component="textbox" />
        </div>
      type="control datetime" id="id 31">
        <label class="form-label form-label-left form-label-auto"</pre>
for="bdate">
          Birth date
          <span class="form-required">
          </span>
        </label>
        <div id="cid 31" class="form-input jf-required">
          <div data-wrapper-react="true">
            <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
              <input class="form-textbox validate[required,</pre>
limitDate] name="month" type="tel" size="2" data-maxlength="2"
value="" />
              <span class="date-separate">
                Â-
              </span>
              <label class="form-sub-label" for="month"</pre>
style="min-height:13px;"> Month </label>
            </span>
            <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
              <input class="form-textbox validate[required,</pre>
limitDate] name="day" type="tel" size="2" data-maxlength="2"
value="" />
              <span class="date-separate">
                 –
              </span>
              <label class="form-sub-label" for="day"</pre>
style="min-height:13px;"> Day </label>
            </span>
            <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
              <input class="form-textbox validate[required,</pre>
limitDate] " name="year" type="tel" size="4" data-maxlength="4"
value="" />
              <label class="form-sub-label" for="year"</pre>
```

```
style="min-height:13px;"> Year </label>
           </span>
           <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
             <img class="showAutoCalendar" alt="Pick a Date"</pre>
src="https://cdn.jotfor.ms/images/calendar.png" style="vertical-
align:middle;" data-component="datetime" />
             <label class="form-sub-label" for="bdate"</pre>
style="min-height:13px;"> </label>
           </span>
         </div>
       </div>
     type="control textbox" id="id 32">
       <label class="form-label form-label-left form-label-auto"</pre>
for="religion">
         Religious Affiliation
         <span class="form-required">
         </span>
       </label>
       <div id="cid 32" class="form-input jf-required">
         <input type="text" name="religion" data-type="input-</pre>
textbox" class="form-textbox validate[required]" size="20"
value="" data-component="textbox" />
       </div>
     id="id 33">
       <label class="form-label form-label-left form-label-auto"</pre>
for="rexp">
         Have you ever been on Loyola Campus Retreat before?
         <span class="form-required">
         </span>
       </label>
       <div id="cid 33" class="form-input jf-required">
         <div class="form-single-column" data-component="radio">
           <span class="form-radio-item" style="clear:left;">
             <span class="dragger-item">
             </span>
             <input type="radio" class="form-radio</pre>
validate[required]" id="input 33 0" name="rexp" value="Yes" />
             <label for="rexp"> Yes </label>
           </span>
           <span class="form-radio-item" style="clear:left;">
             <span class="dragger-item">
             </span>
             <input type="radio" class="form-radio</pre>
validate[required]" id="input 33 1" name="rexp" value="No" />
             <label for="rexp"> No </label>
```

```
</span>
         </div>
       </div>
     34">
       <label class="form-label form-label-left form-label-auto"</pre>
for="which"> If so, which retreat(s) and when? </label>
       <div id="cid 34" class="form-input jf-required">
         <textarea class="form-textarea" name="which" cols="40"</pre>
rows="6" data-component="textarea"></textarea>
       </div>
     </1i>
     id="cid 35" class="form-input-wide" data-
type="control head">
       <div class="form-header-group ">
         <div class="header-text httal htvam">
           <h2 id="header 35" class="form-header" data-</pre>
component="header">
             Emergency Contact Information
           </h2>
         </div>
       </div>
     type="control fullname" id="id 36">
       <label class="form-label form-label-left form-label-auto"</pre>
for="ename">
         Name of Emergency Contact
         <span class="form-required">
         </span>
       </label>
       <div id="cid 36" class="form-input jf-required">
         <div data-wrapper-react="true">
           <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
             <input type="text" name="efirst" class="form-</pre>
textbox validate[required] size="10" value="" data-
component="first" />
             <label class="form-sub-label" for="efirst"</pre>
style="min-height:13px;"> First Name </label>
           </span>
           <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
             <input type="text" name="elast" class="form-textbox</pre>
validate[required]" size="15" value="" data-component="last" />
             <label class="form-sub-label" for="elast"</pre>
style="min-height:13px;"> Last Name </label>
           </span>
         </div>
       </div>
```

```
type="control textbox" id="id 37">
       <label class="form-label form-label-left form-label-auto"</pre>
for="rtou">
         Relationship to you:
         <span class="form-required">
         </span>
       </label>
       <div id="cid 37" class="form-input jf-required">
         <input type="text" name="rtou" data-type="input-</pre>
textbox" class="form-textbox validate[required]" size="20"
value="" data-component="textbox" />
       </div>
     type="control address" id="id 5">
       <label class="form-label form-label-left form-label-auto"</pre>
for="addr">
         Address
         <span class="form-required">
         </span>
       </label>
       <div id="cid 5" class="form-input jf-required">
         cellpadding="0" cellspacing="0">
          <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
                  <input type="text" name="addr_line1"</pre>
class="form-textbox validate[required] form-address-line"
value="" data-component="address line 1" />
                  <label class="form-sub-label"</pre>
for="addr line1" style="min-height:13px;"> Street Address
</label>
                </span>
              <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
                  <input type="text" name="addr line2"</pre>
class="form-textbox form-address-line" size="46" value="" data-
component="address line 2" />
                  <label class="form-sub-label"</pre>
for="addr line2" style="min-height:13px;"> Street Address Line 2
</label>
```

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</span>
               <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
                  <input type="text" name="city" class="form-</pre>
textbox validate[required] form-address-city" size="21" value=""
data-component="city" />
                   <label class="form-sub-label" for="city"</pre>
style="min-height:13px;"> City </label>
                </span>
               < t.d >
                <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
                   <input type="text" name="state" class="form-</pre>
textbox validate[required] form-address-state" size="22" value=""
data-component="state" />
                  <label class="form-sub-label" for="state"</pre>
style="min-height:13px;"> State / Province </label>
                </span>
               <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
                   <input type="text" name="postal" class="form-</pre>
textbox validate[required] form-address-postal" size="10"
value="" data-component="zip" />
                  <label class="form-sub-label" for="postal"</pre>
style="min-height:13px;"> Postal / Zip Code </label>
                </span>
               </div>
     id="id 38">
       <label class="form-label form-label-left form-label-auto"</pre>
for="ephone">
         Phone Number
         <span class="form-required">
         </span>
       </label>
       <div id="cid 38" class="form-input jf-required">
         <div data-wrapper-react="true">
```

```
<span class="form-sub-label-container"</pre>
style="vertical-align:top;">
              <input type="tel" name="earea" class="form-textbox</pre>
validate[required]" size="3" value="" data-component="areaCode"
              <span class="phone-separate">
              </span>
              <label class="form-sub-label" for="earea"</pre>
style="min-height:13px;"> Area Code </label>
            </span>
            <span class="form-sub-label-container"</pre>
style="vertical-align:top;">
              <input type="tel" name="enumber" class="form-</pre>
textbox validate[required]" size="8" value="" data-
component="phone" />
              <label class="form-sub-label" for="enumber"</pre>
style="min-height:13px;"> Phone Number </label>
            </span>
          </div>
        </div>
      id="cid 39" class="form-input-wide" data-
type="control head">
        <div class="form-header-group ">
          <div class="header-text httal htvam">
            <h2 id="header 39" class="form-header" data-</pre>
component="header">
             Retreat Information
            </h2>
          </div>
        </div>
      id="id 43">
        <label class="form-label form-label-left form-label-auto"</pre>
for="payment">
          How are you going to pay for retreat?
          <span class="form-required">
          </span>
        </label>
        <div id="cid 43" class="form-input jf-required">
          <div class="form-single-column" data-component="radio">
            <span class="form-radio-item" style="clear:left;">
              <span class="dragger-item">
              </span>
              <input type="radio" class="form-radio</pre>
validate[required]" name="payment" value="Pay Online - Credit
Card" />
              <label for="payment"> Pay Online - Credit Card
</label>
```

```
</span>
           <span class="form-radio-item" style="clear:left;">
             <span class="dragger-item">
             </span>
             <input type="radio" class="form-radio</pre>
validate[required]" name="payment" value="Pay in Person" />
             <label for="payment"> Pay in Person </label>
           </span>
         </div>
       </div>
     type="control textarea" id="id 41">
       <label class="form-label form-label-left form-label-auto"</pre>
for="diet">
         Dietary Restrictions:
         <span class="form-required">
         </span>
       </label>
       <div id="cid 41" class="form-input jf-required">
         <textarea class="form-textarea validate[required]"</pre>
name="diet" cols="40" rows="6" data-component="textarea">
</textarea>
       </div>
     42">
       <label class="form-label form-label-left form-label-auto"</pre>
for="disable"> Disability Support </label>
       <div id="cid 42" class="form-input jf-required">
         <textarea class="form-textarea" name="disable"</pre>
cols="40" rows="6" data-component="textarea"></textarea>
       </div>
     id="id 26">
       <label class="form-label form-label-left form-label-auto"</pre>
for="hear">
         How did you hear about this retreat?
         <span class="form-required">
         </span>
       </label>
       <div id="cid 26" class="form-input jf-required">
         <div class="form-single-column" data-component="radio">
           <span class="form-radio-item" style="clear:left;">
             <span class="dragger-item">
             </span>
             <input type="radio" class="form-radio</pre>
validate[required]" name="hear" value="Campus Flyer/Poster" />
             <label for="hear"> Campus Flyer/Poster </label>
```

```
</span>
            <span class="form-radio-item" style="clear:left;">
              <span class="dragger-item">
              </span>
              <input type="radio" class="form-radio</pre>
validate[required]" name="hear" value="Announcement at Mass" />
              <label for="hear"> Announcement at Mass </label>
            </span>
            <span class="form-radio-item" style="clear:left;">
              <span class="dragger-item">
              </span>
              <input type="radio" class="form-radio</pre>
validate[required] " name="hear" value="Greyhound Ad" />
              <label for="hear"> Greyhound Ad </label>
            </span>
            <span class="form-radio-item" style="clear:left;">
              <span class="dragger-item">
              </span>
              <input type="radio" class="form-radio</pre>
validate[required]" name="hear" value="Word of mouth" />
              <label for="hear"> Word of mouth </label>
            </span>
            <span class="form-radio-item" style="clear:left;">
              <span class="dragger-item">
              </span>
              <input type="radio" class="form-radio</pre>
validate[required]" name="hear" value="Facebook" />
              <label for="hear"> Facebook </label>
            </span>
            <span class="form-radio-item" style="clear:left;">
              <span class="dragger-item">
              </span>
              <input type="radio" class="form-radio</pre>
validate[required] " name="hear" value="Campus Ministry Website"
/>
              <label for="hear"> Campus Ministry Website </label>
            </span>
            <span class="form-radio-item" style="clear:left;">
              <span class="dragger-item">
              </span>
              <input type="radio" class="form-radio</pre>
validate[required] " name="hear" value="Other" />
              <label for="hear"> Other </label>
            </span>
          </div>
        </div>
      <div id="cid 2" class="form-input-wide">
          <div style="margin-left:156px;" class="form-buttons-</pre>
wrapper">
            <button id="input 2" type="submit" class="form-</pre>
```

```
submit-button" data-component="button">
             Submit Form
           </button>
         </div>
       </div>
     Should be Empty:
       <input type="text" name="website" value="" />
     </div>
 <input type="hidden" id="simple spc" name="simple spc"</pre>
value="70878085966172" />
 <script type="text/javascript">
 document.getElementById("si" + "mple" + "_spc").value =
"70878085966172-70878085966172";
  </script>
</form></body>
</html>
<script type="text/javascript">JotForm.ownerView=true;</script>
```