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<!DOCTYPE HTML PUBLIC "-//W3C//DTD HTML 4.01//EN"
"http://www.w3.org/TR/html4/strict.dtd">
<html class="supernova"><head>
<meta http-equiv="Content-Type" content="text/html;
charset=utf-8" />
<link rel="alternate" type="application/json+oembed"
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
Form">
<meta property="og:title" content="Professional Development
Workshop Registration Form" >
<meta property="og:url"
content="http://www.jotform.us/form/70878085966172" >
<meta property="og:description" content="Please click the link to
complete this form.">
<meta name="viewport" content="width=device-width, initial-scale=
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"
rel="stylesheet" type="text/css" />
<link type="text/css" rel="stylesheet"
href="https://cdn.jotfor.ms/css/styles/nova.css?3.3.18119" />
<link type="text/css" media="print" rel="stylesheet"
href="https://cdn.jotfor.ms/css/printForm.css?3.3.18119" />
<link type="text/css" rel="stylesheet"
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;

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        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;
    }

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</style>

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<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;
    }

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.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 {

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        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 */
</style>

<script src="https://cdn.jotfor.ms/static/prototype.forms.js"
type="text/javascript"></script>
<script src="https://cdn.jotfor.ms/static/jotform.forms.js?
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.onSubmitError="jumpToFirstError";

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    });
</script>
</head>
<body>
<form class="jotform-form" action="retInsert.php" method="post"
accept-charset="utf-8">
  <div class="form-all">
    <ul class="form-section page-section">
      <li id="cid_1" class="form-input-wide" data-
type="control_head">
        <div class="form-header-group ">
          <div class="header-text htal htvam">
            <h1 id="header_1" class="form-header" data-
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>
      </li>
      <li class="form-line jf-required" data-
type="control_fullname" id="id_3">
        <label class="form-label form-label-left form-label-auto"
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"
style="vertical-align:top;">
              <input type="text" name="first" class="form-textbox
validate[required]" size="10" value="" data-component="first" />
              <label class="form-sub-label" for="first"
style="min-height:13px;"> First Name </label>
            </span>
            <span class="form-sub-label-container"
style="vertical-align:top;">
              <input type="text" name="middle" class="form-
textbox" size="10" value="" data-component="middle" />
              <label class="form-sub-label" for="middle"
style="min-height:13px;"> Middle Name </label>
            </span>
            <span class="form-sub-label-container"
style="vertical-align:top;">
              <input type="text" name="last" class="form-textbox
validate[required]" size="15" value="" data-component="last" />

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                <label class="form-sub-label" for="last"
style="min-height:13px;"> Last Name </label>
            </span>
        </div>
    </div>
</li>
<li class="form-line jf-required" data-
type="control_textbox" id="id_21">
    <label class="form-label form-label-left form-label-auto"
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-
textbox" class="form-textbox validate[required]" size="20"
value="" data-component="textbox" />
    </div>
</li>
<li class="form-line jf-required" data-
type="control_textbox" id="id_28">
    <label class="form-label form-label-left form-label-auto"
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"
class="form-textbox validate[required]" size="20" value="" data-
component="textbox" />
    </div>
</li>
<li class="form-line jf-required" data-
type="control_dropdown" id="id_29">
    <label class="form-label form-label-left form-label-auto"
for="gender">
        Gender
        <span class="form-required">
            *
        </span>
    </label>
    <div id="cid_29" class="form-input jf-required">
        <select class="form-dropdown validate[required]"
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>
</li>

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        </select>
    </div>
</li>
<li class="form-line jf-required" data-type="control_email"
id="id_4">
    <label class="form-label form-label-left form-label-auto"
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
validate[required, Email]" size="30" value="" placeholder="ex:
myname@example.com" data-component="email" />
    </div>
</li>
<li class="form-line jf-required" data-type="control_phone"
id="id_6">
    <label class="form-label form-label-left form-label-auto"
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"
style="vertical-align:top;">
                <input type="tel" name="area" class="form-textbox
validate[required]" size="3" value="" data-component="areaCode"
/>
                <span class="phone-separate">
                    Å -
                </span>
                <label class="form-sub-label" for="area"
style="min-height:13px;"> Area Code </label>
            </span>
            <span class="form-sub-label-container"
style="vertical-align:top;">
                <input type="tel" name="number" class="form-textbox
validate[required]" size="8" value="" data-component="phone" />
                <label class="form-sub-label" for="number"
style="min-height:13px;"> Phone Number </label>
            </span>
        </div>
    </div>
</li>
<li class="form-line jf-required" data-
type="control_textbox" id="id_30">

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        <label class="form-label form-label-left form-label-auto"
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-
textbox" class="form-textbox validate[required]" size="20"
value="" data-component="textbox" />
        </div>
    </li>
    <li class="form-line jf-required" data-
type="control_datetime" id="id_31">
        <label class="form-label form-label-left form-label-auto"
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"
style="vertical-align:top;">
                    <input class="form-textbox validate[required,
limitDate]" name="month" type="tel" size="2" data-maxlength="2"
value="" />
                    <span class="date-separate">
                        Â -
                    </span>
                    <label class="form-sub-label" for="month"
style="min-height:13px;"> Month </label>
                </span>
                <span class="form-sub-label-container"
style="vertical-align:top;">
                    <input class="form-textbox validate[required,
limitDate]" name="day" type="tel" size="2" data-maxlength="2"
value="" />
                    <span class="date-separate">
                        Â -
                    </span>
                    <label class="form-sub-label" for="day"
style="min-height:13px;"> Day </label>
                </span>
                <span class="form-sub-label-container"
style="vertical-align:top;">
                    <input class="form-textbox validate[required,
limitDate]" name="year" type="tel" size="4" data-maxlength="4"
value="" />
                    <label class="form-sub-label" for="year"

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style="min-height:13px;"> Year </label>
    </span>
    <span class="form-sub-label-container"
style="vertical-align:top;">
        
        <label class="form-sub-label" for="bdate"
style="min-height:13px;"> </label>
    </span>
</div>
</div>
</li>
<li class="form-line jf-required" data-
type="control_textbox" id="id_32">
    <label class="form-label form-label-left form-label-auto"
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-
textbox" class="form-textbox validate[required]" size="20"
value="" data-component="textbox" />
    </div>
</li>
<li class="form-line jf-required" data-type="control_radio"
id="id_33">
    <label class="form-label form-label-left form-label-auto"
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">
                    <input type="radio" class="form-radio
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">
                        <input type="radio" class="form-radio
validate[required]" id="input_33_1" name="rexp" value="No" />
                        <label for="rexp"> No </label>
                    </span>
                </span>
            </div>
        </div>
    </div>

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        </span>
      </div>
    </div>
  </li>
  <li class="form-line" data-type="control_textarea" id="id_
34">
    <label class="form-label form-label-left form-label-auto"
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"
rows="6" data-component="textarea"></textarea>
    </div>
  </li>
  <li id="cid_35" class="form-input-wide" data-
type="control_head">
    <div class="form-header-group ">
      <div class="header-text htal htvam">
        <h2 id="header_35" class="form-header" data-
component="header">
          Emergency Contact Information
        </h2>
      </div>
    </div>
  </li>
  <li class="form-line jf-required" data-
type="control_fullname" id="id_36">
    <label class="form-label form-label-left form-label-auto"
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"
style="vertical-align:top;">
          <input type="text" name="efirst" class="form-
textbox validate[required]" size="10" value="" data-
component="first" />
          <label class="form-sub-label" for="efirst"
style="min-height:13px;"> First Name </label>
        </span>
        <span class="form-sub-label-container"
style="vertical-align:top;">
          <input type="text" name="elast" class="form-textbox
validate[required]" size="15" value="" data-component="last" />
          <label class="form-sub-label" for="elast"
style="min-height:13px;"> Last Name </label>
        </span>
      </div>
    </div>
  </li>

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        </li>
        <li class="form-line jf-required" data-
type="control_textbox" id="id_37">
            <label class="form-label form-label-left form-label-auto"
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-
textbox" class="form-textbox validate[required]" size="20"
value="" data-component="textbox" />
            </div>
        </li>
        <li class="form-line jf-required" data-
type="control_address" id="id_5">
            <label class="form-label form-label-left form-label-auto"
for="addr">
                Address
                <span class="form-required">
                    *
                </span>
            </label>
            <div id="cid_5" class="form-input jf-required">
                <table summary="" class="form-address-table"
cellpadding="0" cellspacing="0">
                    <tbody>
                        <tr>
                            <td colspan="2">
                                <span class="form-sub-label-container"
style="vertical-align:top;">
                                    <input type="text" name="addr_line1"
class="form-textbox validate[required] form-address-line"
value="" data-component="address_line_1" />
                                    <label class="form-sub-label"
for="addr_line1" style="min-height:13px;"> Street Address
                                </label>
                                </span>
                            </td>
                        </tr>
                        <tr>
                            <td colspan="2">
                                <span class="form-sub-label-container"
style="vertical-align:top;">
                                    <input type="text" name="addr_line2"
class="form-textbox form-address-line" size="46" value="" data-
component="address_line_2" />
                                    <label class="form-sub-label"
for="addr_line2" style="min-height:13px;"> Street Address Line 2
                                </label>
                                </span>
                            </td>
                        </tr>
                    </tbody>
                </table>
            </div>
        </li>
    </ul>

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        </span>
      </td>
    </tr>
    <tr>
      <td width="50%">
        <span class="form-sub-label-container"
style="vertical-align:top;">
          <input type="text" name="city" class="form-
textbox validate[required] form-address-city" size="21" value=""
data-component="city" />
          <label class="form-sub-label" for="city"
style="min-height:13px;"> City </label>
        </span>
      </td>
      <td>
        <span class="form-sub-label-container"
style="vertical-align:top;">
          <input type="text" name="state" class="form-
textbox validate[required] form-address-state" size="22" value=""
data-component="state" />
          <label class="form-sub-label" for="state"
style="min-height:13px;"> State / Province </label>
        </span>
      </td>
    </tr>
    <tr>
      <td width="50%">
        <span class="form-sub-label-container"
style="vertical-align:top;">
          <input type="text" name="postal" class="form-
textbox validate[required] form-address-postal" size="10"
value="" data-component="zip" />
          <label class="form-sub-label" for="postal"
style="min-height:13px;"> Postal / Zip Code </label>
        </span>
      </td>
    </tr>
  </tbody>
</table>
</div>
</li>
<li class="form-line jf-required" data-type="control_phone"
id="id_38">
  <label class="form-label form-label-left form-label-auto"
for="ephone">
    Phone Number
    <span class="form-required">
      *
    </span>
  </label>
  <div id="cid_38" class="form-input jf-required">
    <div data-wrapper-react="true">

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        <span class="form-sub-label-container"
style="vertical-align:top;">
            <input type="tel" name="earea" class="form-textbox
validate[required]" size="3" value="" data-component="areaCode"
/>
            <span class="phone-separate">
                Å -
            </span>
            <label class="form-sub-label" for="earea"
style="min-height:13px;"> Area Code </label>
        </span>
        <span class="form-sub-label-container"
style="vertical-align:top;">
            <input type="tel" name="enumber" class="form-
textbox validate[required]" size="8" value="" data-
component="phone" />
            <label class="form-sub-label" for="enumber"
style="min-height:13px;"> Phone Number </label>
        </span>
    </div>
</div>
</li>
<li id="cid_39" class="form-input-wide" data-
type="control_head">
    <div class="form-header-group ">
        <div class="header-text htal htvam">
            <h2 id="header_39" class="form-header" data-
component="header">
                Retreat Information
            </h2>
        </div>
    </div>
</li>
<li class="form-line jf-required" data-type="control_radio"
id="id_43">
    <label class="form-label form-label-left form-label-auto"
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
validate[required]" name="payment" value="Pay Online - Credit
Card" />
                <label for="payment"> Pay Online - Credit Card
            </label>
        </div>
    </div>

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        </span>
        <span class="form-radio-item" style="clear:left;">
            <span class="dragger-item">
                </span>
                <input type="radio" class="form-radio
validate[required]" name="payment" value="Pay in Person" />
                <label for="payment"> Pay in Person </label>
            </span>
        </div>
    </div>
</li>
<li class="form-line jf-required" data-
type="control_textarea" id="id_41">
    <label class="form-label form-label-left form-label-auto"
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]"
name="diet" cols="40" rows="6" data-component="textarea">
</textarea>
    </div>
</li>
<li class="form-line" data-type="control_textarea" id="id_
42">
    <label class="form-label form-label-left form-label-auto"
for="disable"> Disability Support </label>
    <div id="cid_42" class="form-input jf-required">
        <textarea class="form-textarea" name="disable"
cols="40" rows="6" data-component="textarea"></textarea>
    </div>
</li>
<li class="form-line jf-required" data-type="control_radio"
id="id_26">
    <label class="form-label form-label-left form-label-auto"
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
validate[required]" name="hear" value="Campus Flyer/Poster" />
                <label for="hear"> Campus Flyer/Poster </label>
            </span>
        </div>
    </div>
</li>

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        </span>
        <span class="form-radio-item" style="clear:left;">
            <span class="dragger-item">
                </span>
                <input type="radio" class="form-radio
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
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
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
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
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
validate[required]" name="hear" value="Other" />
                                    <label for="hear"> Other </label>
                                </span>
                            </div>
                        </div>
                    </li>
                    <li class="form-line" data-type="control_button" id="id_2">
                        <div id="cid_2" class="form-input-wide">
                            <div style="margin-left:156px;" class="form-buttons-
wrapper">
                                <button id="input_2" type="submit" class="form-

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submit-button" data-component="button">
    Submit Form
</button>
</div>
</div>
</li>
<li style="display:none">
    Should be Empty:
    <input type="text" name="website" value="" />
</li>
</ul>
</div>
<input type="hidden" id="simple_spc" name="simple_spc"
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>

```