

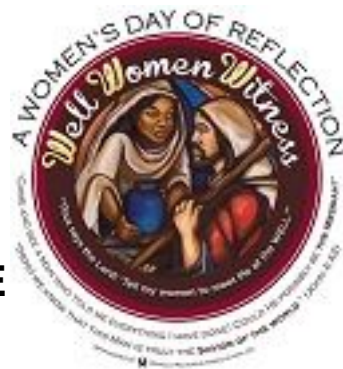
# ORACLE Religious Association

## WWW - Well Women Witness

### REGISTRATION FORM

#### 2022 - Washington, DC WWW CONFERENCE

October 21st, 22nd and 23rd



#### Registration Type (Check only one box below)

**Full Payment Application and Registration Fee \$500.00**

or

**Application Fee of \$125.00 plus 3 Monthly Installment Payments of \$125.00 with credit card.** (To use the installment plan, the attached Credit Card Authorization form must be completed and submitted with this application.)

#### Fees include:

- Crucifix
- Access to all in-person presentations and sessions.
- **WWW: Well Women Witness** - "A Letter from Christ"
- Meals (Friday Dinner; Saturday Continental Breakfast and Dinner; Sunday Brunch.)
- Closing Eucharistic Celebration on Sunday: Msgr. Raymond East

#### Please completely fill in the forms below.

##### • Full Name\*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

##### • Address\*

Street Address: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_

Postal / Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

##### • E-mail\*

example@example.com: \_\_\_\_\_

##### • Phone Number: \* (\_\_\_\_)-\_\_\_\_\_

The required Release Forms must also be completed and submitted with the registration form.

# ORACLE Religious Association

## WWW - Well Women Witness

### REGISTRATION FORM

**Select YES or NO option for all boxes**

- First time attending an Oracle event? \*
- I will attend Fri., Oct. 21st, Sat., Oct. 22nd, and Sun., Oct. 23rd.
- **Attendance for all three (3) days required.**
- Are you willing to sign a liability release form as required?
- Are you willing to present your personal, legal ID? \*
- Are you willing to present your Vaccination proof or be tested as required?
- Do you agree to on-site temperature checks (non-fever verification)?
- Are you using a wheelchair or crutches?
- Are you hearing or sight impaired?
- Are you willing to wear a mask as required?
- Are you willing to sign a virus release form as required?
- Are you willing to sign a recording & taping release form as required?
- Do you require a vegetarian meal?
- Do you have food allergies?

If yes, please list \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

On-Site Signature (Required) \_\_\_\_\_ On-Site Date \_\_\_\_\_

**FULL PAYMENT APPLICATION AND REGISTRATION FEES** (+ 2.9% if credit card used)

Conference Application Fee (Non-Refundable)	\$125.00		
Conference Registration Fee (Individual)	\$375.00 +2.9%	Total	\$510.89

**INSTALLMENT APPLICATION AND REGISTRATION FEES - (Credit Card use only)**

Installment Application Fee (Non-Refundable)	\$125.00		
Installment Registration (1 <sup>st</sup> Monthly Payment)	\$125.00 +2.9%		
Installment Registration (2 <sup>nd</sup> Monthly Payment)	\$125.00 +2.9%		
Installment Registration (3 <sup>rd</sup> Monthly Payment)	\$125.00 +2.9%	Total	\$510.89

**CONFERENCE RESOURCES** (Each woman receives at Conference)

- Crucifix
- Alabaster Box
- Anointing Oil/Cloth
- Hand Mirror
- WWW: Well Women Witness - "A Letter from Christ"
- WWW: T-Shirt Please indicate shirt size: \_\_\_\_\_ for purchase.
- WWW: Tote Bag

**The required Release Forms must also be completed and submitted with the registration form.**

# ORACLE Religious Association

## WWW - Well Women Witness

### Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information - <b>FOR INSTALLMENT PLAN ONLY</b>	
Card Type:	MasterCard                      VISA                      Discover                      AMEX <b><u>Kindly select only one credit card.</u></b>
Cardholder Name (as shown on card):	_____
Card Number:	_____ CVV (Please call ORACLE 202-528-8633)
Expiration Date (mm/yyyy):	_____
Cardholder ZIP Code (from credit card billing address):	_____
Installment Application Fee (Non-Refundable), Pay now! Deadline is July 15th, 2022.	
Amount authorized is three (3) consecutive monthly payments of \$125.00 (+ 2.9%) each. Installment Registration (1st Monthly Payment) payable on the 5th of August, 2022. Installment Registration (2nd Monthly Payment) payable on the 5th of September, 2022. Installment Registration (3rd Monthly Payment) payable on the 5th of October, 2022.	

I, \_\_\_\_\_, authorize ORACLE Religious Association to charge my credit card above for agreed-upon purchases. I understand that my information will be saved to file for installments.

**The deadline for full payment (\$500) conference fee is Monday, September 5, 2022.**

\_\_\_\_\_  
Customer Signature                      Today's Date

\_\_\_\_\_  
On-Site Customer Signature (Required)                      Date

**The deadline for cancellation is October 3, 2022.**

**Please see refund and cancellation policy on page 7.**

The following Release Forms must be completed and emailed to [drmartin@oraclereligious.org](mailto:drmartin@oraclereligious.org).

# ORACLE Religious Association

## WWW - Well Women Witness

### Release of Liability

I hereby release and agree to hold ORACLE Religious Association harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damages or loss of myself and/or property that may be caused by any act, or failure to act of ORACLE, that may otherwise arise in any way in connection with Services or events while attending ORACLE.

I understand that this release discharges ORACLE from any liability or claim that I, my heirs, and any personal representatives may have against ORACLE in respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to participating in and attending any ORACLE Services and events held at ORACLE.

The liability waiver and release extend to ORACLE Religious Association, its staff, or personnel, their families, the participating members of the Services, the Archdiocese of Washington, DC and any (Arch)Diocese(s) together with the Cardinal(s), (Arch) Bishop(s), Priests, Deacons, Men/Women Religious and employees, or outside contract organization(s) legally bonded to ORACLE Religious Association.

\_\_\_\_\_ **I AGREE (Initial)**

**Please completely fill in the forms below.**

- **Full Name\***

First Name

Last Name

- **Address\***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

- **E-mail\***

example@example.com

- **Phone Number \*** ( \_\_\_\_\_ )

\_\_\_\_\_  
**Signature (will also be required on-site)**

\_\_\_\_\_  
**Today's Date (Required)**

**Signature on-site** \_\_\_\_\_

**Date On-Site** \_\_\_\_\_

# ORACLE Religious Association

## WWW - Well Women Witness

### Release of Liability COVID –19, Omicron, and Variants

ORACLE Religious Association (ORACLE) founded by Sr. Dr. Oralisa Martin in 1992 is a non-profit, tax-exempt Christian organization. Its Headquarters is based at 6101 New Hampshire Avenue, NE, Washington, DC 20011 (USA). Below is the release of liability as regards the COVID – 19, Omicron, and Variants.

**Each person attending ORACLE Religious Association Services must complete and sign a COVID – 19 Protocol release form prior to or upon arrival at the event.**

**Please review and affirm acceptance of the ORACLE guidelines and waiver liability.**

I acknowledge the contagious nature of the Coronavirus/COVID –19 and that the CDC and many other public health authorities still recommend safe protocol.

**Click YES or NO option for all boxes.**

I further acknowledge that ORACLE has put into place preventive measures to reduce the spread while attending ORACLE services.

**I attest that** (Click YES or NO):

I have been fully vaccinated for COVID –19 and any related variants, or I am willing to be test for COVID on-site prior to entry to event site.

I understand that if I test positive, I will not be admitted to the event site, and will be refunded 50% of the paid Conference fee.

Have you been diagnosed with Coronavirus/COVID-19 and any related variants?

Have you experienced any COVID symptoms or illness such as cough, shortness of breath, or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell within the last 14 days?

Have you traveled outside of the country within the last 14 days?

Have you traveled to a highly impacted area within the USA in the last 14 days?

I am following all CDC recommended guidelines as much as possible, and am limiting my exposure to the COVID-19 and related variants.

\_\_\_\_\_  
**Signature (will also be required on-site)**

\_\_\_\_\_  
**Today's Date**

Signature \_\_\_\_\_

Date \_\_\_\_\_

# ORACLE Religious Association

## WWW - Well Women Witness

### Photograph & Video Release Form

I hereby grant permission to ORACLE Religious Association to the rights of my image, likeness and sound of my voice as recorded on audio or videotape as well as any written comments associated with my name without payment or any other consideration. I understand that my image or written comments may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness or name appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image, recording or comments. I also understand that this material may be used in diverse settings within an unrestricted geographic area.

Photographic, audio or video recordings and written comments may be used for, but not limited to, the following purposes: conference, educational, and informational presentations and/or

- on-line educational courses
- educational videos

By signing this release, I understand this permission signifies that photographic or video recordings or written comments of, or by, me may be electronically displayed via the Internet or in the public setting.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_

Prov/Postal Code/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

On-Site Signature \_\_\_\_\_ Date \_\_\_\_\_

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# ORACLE Religious Association

## WWW - Well Women Witness

### Refund and Cancellation Policy

Should ORACLE Religious Association have to cancel the *WWW - Well Women Witness* conference, all paid participants shall receive a full refund of the money paid to ORACLE within thirty days, upon written notification of cancellation.

#### **The deadline for Conferee cancellation is October 3, 2022.**

Should the Conferee cancel by midnight October 3, 2022 (Eastern Standard Time) the balance **paid-in-full** (\$375) will be refunded to the Conferee within thirty days, upon written notification of cancellation, or the balance of **installments-as-paid** (\$250), or (\$125) will be refunded to Conferee within thirty days, upon written notification of cancellation.

#### **The \$125 Application fee is non-refundable.**

Should the Conferee, by written notification, cancel after midnight of October 3, 2022, the total \$500 Conference fee can be (a) transferable to Conferee's colleague, family, or friend, or (b) credited to the Conferee for a future ORACLE Conference within 24 months, or (c) otherwise forfeited.

ORACLE'S registration process is to be adhered to.

Cancellations after October 3, 2022 warrant no monetary refunds.

I, \_\_\_\_\_, the paying party, agree to the terms of this policy.

Date: \_\_\_\_\_

Please save this document now and email to [drmartin@oraclereligious.org](mailto:drmartin@oraclereligious.org) as an attachment.

For FULL PAYMENT (\$500) with Cash App use: \$OralisaMartin; with Zelle use: 202-528-8633.

For FULL PAYMENT (\$510.89) w/credit card, return to website, click SHOP NOW, select Full Payment.

For INSTALLMENTS (\$125) w/credit card, return to website, click SHOP NOW, select Installment Plan.

1st Credit Card Installment Payment will be automatically deducted on the 5th of August, 2022.

2nd Credit Card Installment Payment will be automatically deducted on the 5th of September, 2022.

3rd Credit Card Installment Payment will be automatically deducted on the 5th of October, 2022.

**[Save this completed registration document and email it as an attachment to drmartin@oraclereligious.org.](#)**

**[Then return to website menu and click Shop Now for payment.](#)**