

You are cordially invited to attend the
41st Annual Catholic-Jewish Women's Conference

What Would Moses Teach? What Would Jesus Do?

HEALING VOICES IN A TIME OF FEAR



Friday, November 10, 2017

Registration begins at 8:30 a.m.

Program begins at 9:00 a.m. and ends at 3:30 p.m.

Mount Saint Mary's University

Doheny Campus • 10 Chester Place • Los Angeles, CA 90007

Continental breakfast will be available during registration.

Beverages available all day.

Box lunch included with registration.

**To register, return below form
or visit www.catholicjewishwomenla.org**

For further information please contact:

- Doris Haims at (310) 440-9580 or dhaims@aol.com
- Rosario Bayon at (424) 235-9054 or rosariob@aol.com

MORNING SPEAKERS



Rabbi Laura Geller

Emerita Rabbi
Temple Emanuel of Beverly Hills



Sr. Kathleen Bryant, DMin

Religious Sister of Charity

AFTERNOON PROGRAM

Participant Dialogue Groups



Catholic-Jewish
Women's Conference

Co-Sponsors



2017 Conference Parking Information: Follow directions from parking booth attendant for handicapped parking/drop-off access near Rose Hills Auditorium. Main parking lot entrance is on the right, just after turning onto St. James Park. Car pooling encouraged.



PLEASE RETURN THE TEAR OFF BELOW TO: SAUNDRA MANDEL, 5441-1 YARMOUTH AVENUE, ENCINO, CA 91316

I plan to attend the Conference on November 10.

Enclosed is a check payable to CJWC in the amount of \$ _____ for _____ registrations.

(Please list full names and faith tradition of guest registrants on a separate piece of paper, and school, if a student.)

Please indicate your own faith tradition: Catholic Jewish Other _____

I am participating in the Conference for the first time.

I cannot attend the Conference this year. I am enclosing a contribution of \$ _____.

Each part of the day is planned as a vital part of the whole Conference. Please plan to participate for the entire day.

Conference Fee:

\$40 (\$20 tax deductible)

*Need-based scholarships are available.
Contact Sandra at (818) 609-7070.*

Students: Free with valid student I.D.
& pre-registration. Or, \$20 at the door.

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL _____

SCHOOL (if a student) _____

Lunch: turkey tuna tomato/mozzarella gluten-free salad

I need handicapped access