

You are cordially invited to attend the
43rd Annual Catholic-Jewish Women's Conference

IN THE IMAGE OF GOD: EXPLORING THE FEMININE ASPECT OF THE DIVINE



Monday, November 11, 2019

Registration begins at 8:30 a.m.
Program begins at 9:00 a.m. and ends at 3:30 p.m.

Louisville High School

22300 Mulholland Drive • Woodland Hills, CA 91364

Continental breakfast will be available during registration.
Beverages available all day.
Box lunch included with registration.

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

For further information please contact:

- Carryl Carter at (818) 472-2288 or chcarter@earthlink.net
- Julie Heath Elliott at (310) 575-1078 or jheathelliott@yahoo.com

MORNING SPEAKERS



Rabbi Tirzah Firestone
Rabbi Emerita,
Congregation Nevei Kodesh



Sandra M. Schneiders, IHM
Professor Emerita
Jesuit School of Theology
of Santa Clara University

AFTERNOON PROGRAM

Participant Dialogue Groups



Catholic-Jewish Women's Conference

Co-Sponsors



2019 Conference Parking Information: Approximately 10 handicapped spaces are sign-posted in the school lot — please indicate below if you need a space so we can reserve additional spaces if necessary. **Parking is free.**

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PLEASE RETURN THE TEAR OFF BELOW TO: R. CARTER, 22715 DOLOROSA STREET, WOODLAND HILLS, CA 91367

I plan to attend the Conference on November 11.

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:

\$50 (\$30 tax deductible)

*Need-based scholarships are available:
Contact Saundra 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 SANDWICH (choose one): Chicken salad Tuna salad Caprese | I need gluten-free bread

I need handicapped access