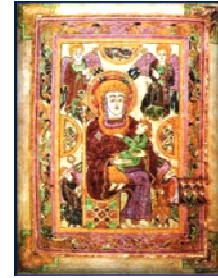


Join us in Dublin Ireland  
with His Excellency, Most Reverend Joseph N. Perry  
Auxiliary Bishop of the Archdiocese of Chicago  
and the Pope John Paul II Eucharistic Adoration Association

50<sup>th</sup> International  
2012 Eucharistic Congress  
June 7 – 18, 2012



**\$2,600\* plus airline taxes and fees (approx. \$450) from Chicago**

*Price includes Congress registration fees. Space is limited – deposit due by October 25, 2011.*

**June 7** Depart Chicago on our overnight flight to Dublin. Dinner and breakfast served on board.

**June 8** Arrival in Dublin. Tour of Dublin and surroundings, including O'Connell St., the Georgian squares and Phoenix Park, Trinity University, Christchurch Cathedral, Whitefriar Street Church and Grafton St., the main shopping street of the city. Overnight at the Ballsbridge Towers Hotel or similar.

**June 9** Full day tour to Knock, where on the 21st August 1879 Our Lady, St. Joseph and St. John the Evangelist appeared at the south gable of Knock Parish Church. From this miraculous apparition Knock has become internationally recognized Marian Shrine and pilgrimage destination.

**June 10-16** IEC 2012 International Eucharistic Congress. During these days we will attend the events of the congress. A full schedule will be provided.

**June 17** Closing Mass and ceremonies - *Statio Orbis*. Farewell dinner and overnight.

**June 18** Return home.

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RM TOURS 445 Ashland Ave Chicago Heights, IL 60411 (708) 754-2600 [www.rmeurotours.com](http://www.rmeurotours.com) [rmeurotours@gmail.com](mailto:rmeurotours@gmail.com)

Enclosed is my \$500 deposit for the Pilgrimage to Ireland (12-0607). Make checks payable to **RM Tours Inc.**

\*Price above reflects the cash/check discount of 5%. If paying by credit card the full cost of \$2,730 plus taxes will be charged.

Name (exactly as it appears on passport, please print) \_\_\_\_\_

Passport # \_\_\_\_\_ Country of Issue \_\_\_\_\_

Date of Issue \_\_\_\_\_ Date of expiration \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone# \_\_\_\_\_ Evening # \_\_\_\_\_ E-mail address \_\_\_\_\_

Contact in case of emergency (name, address, phone) \_\_\_\_\_

I will be rooming with: \_\_\_\_\_

Please find me a roommate

I will be rooming alone (\$850 Single Supplement)

I have read and I understand the Terms and Conditions Signature \_\_\_\_\_

