

Personal Information

First Name _____ Last Name _____

Preferred Name _____

Address 1 _____

Address 2 _____

City _____

State _____ Zip _____

Country _____

Phone _____ Alternate Phone _____

Email _____

Appointment (to be answered by clergy) _____

Church/District/Organization (to be answered by all) _____

I Will Require Translation: Korean Spanish Sign Language

Member Designation

- | | |
|---|--|
| <input type="checkbox"/> Clergy: Associate Member | <input type="checkbox"/> Deaconess/Home Missioner |
| <input type="checkbox"/> Clergy: Full Member Deacon | <input type="checkbox"/> Diaconal Ministry |
| <input type="checkbox"/> Clergy: Full Member Elder | <input type="checkbox"/> District At-Large Member |
| <input type="checkbox"/> Clergy: Local Pastor | <input type="checkbox"/> Elected Local Church Lay Member |
| <input type="checkbox"/> Clergy: Provisional Member | <input type="checkbox"/> Member of B.O.O.M. |
| | <input type="checkbox"/> Other Lay Members by Discipline (602.4) |

Non-Member Designation

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Annual Conference Staff | <input type="checkbox"/> Visitor |
| <input type="checkbox"/> Reserve Lay Member | |

I Am a Local or Certified Lay Speaker: Yes No

I Am a Reserve Member Replacing: _____

Please type in the name of the member you are replacing.

I Need Handicap Access: Yes No

I Would Like to Volunteer: Usher Conference Nurse Baggage Hauler Hospitality

Special Needs or Specific Information Requested: _____

Session

<input type="checkbox"/> Legislative Section 1: Ministries of Witness	<input type="checkbox"/> Legislative Section 5: Pastoral Compensation
<input type="checkbox"/> Legislative Section 2: Connectional Ministries and Nurture	<input type="checkbox"/> Legislative Section 6: Administration
<input type="checkbox"/> Legislative Section 3: Ministries of Advocacy	<input type="checkbox"/> Legislative Section 7: Conference Budget
<input type="checkbox"/> Legislative Section 4: Commissioning	

Registrant type

Walk In

\$255

Housing

I Will Choose Double Occupancy for Hofstra Dormitory Housing. My roommate will be:

Each roommate needs to register separately and indicate the other roommate in their registration.

Gender: Male Female

		Total
Hofstra Dormitory Housing - single occupancy - June 9 - Staff housing	\$47.00	
Hofstra Dormitory Housing - double occupancy - June 9 - Staff housing	\$36.00	
Hofstra Dormitory Housing - single occupancy - June 10	\$47.00	
Hofstra Dormitory Housing - double occupancy - June 10	\$36.00	
Hofstra Dormitory Housing - single occupancy - June 11	\$47.00	
Hofstra Dormitory Housing - double occupancy - June 11	\$36.00	
Hofstra Dormitory Housing - single occupancy - June 12	\$47.00	
Hofstra Dormitory Housing - double occupancy - June 12	\$36.00	
I Do NOT Require Housing		

Voluntary Donations

I would like to make a voluntary donation to help defray expenses: \$10, \$25, \$50, \$100 \$ _____

Registration Total

\$ _____

Meals

Wednesday Dinner	Friday Breakfast	Saturday Breakfast
<input type="checkbox"/> Women in Ministry	<input type="checkbox"/> Asian Council	<input type="checkbox"/> Student Center Cafeteria
<input type="checkbox"/> Student Center Cafeteria	<input type="checkbox"/> Associate Members & Local Pastors	Saturday Lunch
Thursday Breakfast	<input type="checkbox"/> Connecticut District	<input type="checkbox"/> Clergy Spouses
<input type="checkbox"/> Student Center Cafeteria	<input type="checkbox"/> NYTS Alumni/ae	<input type="checkbox"/> Student Center Cafeteria
<input type="checkbox"/> Town & Country	<input type="checkbox"/> Student Center Cafeteria	
<input type="checkbox"/> COMPASS	Friday Lunch	
Thursday Lunch	<input type="checkbox"/> Drew University Alumni/ae	
<input type="checkbox"/> Order of St. Luke	<input type="checkbox"/> Educational Opportunities	
<input type="checkbox"/> Retired Clergy and Spouses	<input type="checkbox"/> Frontier Foundation	
<input type="checkbox"/> Student Center Cafeteria	<input type="checkbox"/> Korean Council	
<input type="checkbox"/> Union Alumni/ae	<input type="checkbox"/> MIND	
<input type="checkbox"/> Wellspring	<input type="checkbox"/> New Brunswick Alumni/ae	
<input type="checkbox"/> Yale Alumni/ae	<input type="checkbox"/> Order of Deacons	
Thursday Dinner	<input type="checkbox"/> Student Center Cafeteria	
<input type="checkbox"/> Methodist Federation for Social Action	Friday Dinner	
<input type="checkbox"/> Student Center Cafeteria	<input type="checkbox"/> Black Methodists for Church Renewal	
<input type="checkbox"/> Wesley Fellowship	<input type="checkbox"/> Board of Church and Society	
	<input type="checkbox"/> Hispanic Council	
	<input type="checkbox"/> Mission Celebration Dinner	
	<input type="checkbox"/> Student Center Cafeteria	