



PAD CONFERENCE

Registration by Mail

CURRENCY:
USD

GROUNDDED IN LOVE

3-5 Aug. 2017

Crowne Plaza, St. Louis, Missouri

PERSONAL INFORMATION:

Only 1 person per form, please.

NAME:

ADDRESS:

CITY/ COUNTRY: **ZIP/ CODE:**

EMAIL: **PHONE:**

CHURCH:

REGISTERING AS:

- To register in another category please complete the online form
- REGISTRANT
 - 65+/SSID
 - STUDENT 65+/SSID
 - SPONSOR

TYPE:

TYPE:

AGE:

FEE and PAYMENT INFORMATION:

REGISTRATION FEE: Regular Rate = \$150 before March 31, \$200 after; 65+/SSID/Student = \$100

DONATION: Please Consider an additional gift supporting the PAD Conference

SCHOLARSHIP: Consider helping someone else attend the PAD conference

Thank you for your generosity! **TOTAL:** **USD**

WHERE TO SEND THIS FORM:

Mail this form, together with your check or money order to:
PLEASE DO NOT MAIL CASH.

UFMCC Conference Registration
3293 Fruitville Road, Suite 105, Sarasota, FL 34243 U.S.A.

FOR OFFICE USE ONLY

Complete details at: emerge.mccchurch.org | Need help?
Call us! We're here for you: Lauren Bennett (425) 286-7554

Volunteer Opportunities:

- I'd like to volunteer for the Conference Registration desk.
- I'd like to volunteer for the Business Registration desk,
- I'd like to volunteer to be a Business Meeting Page
- I'd like to volunteer for the Choir
- I'd like to volunteer as a Music Soloist
- I'd like to volunteer as a Music Instrumentalist
- I'd like to volunteer as a Worship Reader
- I'd like to volunteer as a Worship Usher
- I'd like to volunteer as a Communion Server/Acolyte
- I'd like to volunteer for Hospitality
- I'd like to volunteer for On-Site Security (Experience Required)
- I'd like to volunteer for the Children/Youth Programs
- I am able to offer language skills, either verbal translation at the conference or in preparing materials.

What is your first/main language: _____

Additional Requests:

- I request Large Print Materials
- I request Braille Materials
- I request Sign Language Interpretation
- I have Limited Mobility
- I request Vegetarian Meals

I request Translation into:

- Spanish
- Portuguese
- French
- German

Dietary Restrictions:

I have Dietary Restriction and cannot eat: _____

I have Other Requirements and request: _____
