# PAD CONFERENCE
## Registration by Mail

**GROUNDED IN LOVE**

3-5 Aug. 2017
Crowne Plaza, St. Louis, Missouri

**PERSONAL INFORMATION:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>NAME</td>
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<tr>
<td>ADDRESS</td>
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<td>CITY/ COUNTRY</td>
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<td>PHONE</td>
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<td>CHURCH</td>
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**REGISTERING AS:**

- [ ] REGISTRANT
- [ ] 65+/SSID
- [ ] STUDENT 65+/SSID
- [ ] SPONSOR

**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

**TOTAL:** USD $150

**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.

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: ____________________________