

Registration

(form must be postmarked by April 8, 2011)

2011 Eastern Pennsylvania Annual Conference

The United Methodist Church

May 19-21, 2011

Greater Philadelphia Expo Center

100 Station Avenue, Oaks, PA 19456

Biographical Information (as of May 1, 2011)		
First Name:	Last Name:	
Middle Name/Initial:	Title: (Rev., Mr., Ms., etc.)	Suffix: (Jr., Sr., III, etc.)
Name as you wish it to appear on nametag (include title and suffix):		
Address:		
City:	State:	Zip:
Home Phone:	Email:	
Church:	District:	
Voting Status: (full/limited/non)	Conference Status: (clergy, retired, laity, guest, etc.)	
Clergy & Laity Sessions (May 19, 2011 - morning)		
<input type="checkbox"/> Attending Clergy Session	<input type="checkbox"/> Attending Laity Session	

Personal Needs	
Special Dietary Requirements - vegetarian, vegan, no salt, low fat, etc. Please specify detailed requirements:	
<input type="checkbox"/> Diabetic <input type="checkbox"/> Gluten-free <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Low Fat	<input type="checkbox"/> Low Salt <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (specify):
Special Needs -	<input type="checkbox"/> Sign Language <input type="checkbox"/> Assistive Listening Device <input type="checkbox"/> Written Materials in Large Print <input type="checkbox"/> Closed Captioning

Registration	
Registration (March 1 - April 30, 2011) (does not include lodging)	\$175/person \$
Non-Member Day Guest (includes meals) <input type="checkbox"/> Thu., May 19 <input type="checkbox"/> Fri., May 20 <input type="checkbox"/> Sat., May 21	# ___ days x \$60/person \$
TOTAL REGISTRATION COSTS	
\$	
Childcare	
Childcare (at near-by Hampton Inn) <input type="checkbox"/> Thu., May 19 <input type="checkbox"/> Fri., May 20 <input type="checkbox"/> Sat., May 21	# ___ days x # ___ children x \$60/child \$
TOTAL COSTS	
\$	

Payment Options

Personal/Business Check:

Check payable to EPAUMC in the amount of \$ _____ Check # _____

Credit Card

Discover MasterCard Visa Card # _____

Expiration Date: _____ / _____ Security Code: _____ Total Charged: \$ _____

I authorize the Eastern Pennsylvania Conference to charge my credit card for the full amount due.

(Signature)

Name on Card _____

Billing Address _____

(This address must match the billing address for the card.)

City _____ State _____ Zip Code _____

This form WILL be returned to you if payment in full is not included.

Return the form to:
Annual Conference Registrar
Eastern Pennsylvania Conference UMC
P.O. Box 820
Valley Forge, PA 19482-0820