



# REGISTRATION INFORMATION

## Annual Meeting – June 4 – 5, 2010

**This form, signed by your Presbytery Secretary, must be in the Conference Office by April 30, 2010.**

Surname <i>(Please print clearly)</i>	Preferred Name and Initial
Full Mailing Address, including Postal Code!	
Work Phone (     )	Home Phone (     )
Fax Number (     )	E-mail Address
Presbytery	Pastoral Charge

**\*Please ensure that the above information is correct and as you wish it to appear in the Hamilton Conference Directory.\***

**Note:** *I give permission for my image to be used in any photographs or video recordings of the Annual Meeting which Hamilton Conference produces and distributes.* \_\_\_\_\_

Signature

The following information is used by the Agenda and Business Committee to improve your experience at the Annual Meeting.

<input type="checkbox"/> New Delegate	<input type="checkbox"/> Lay	<input type="checkbox"/> Male
<input type="checkbox"/> Returning Delegate	<input type="checkbox"/> Ministry Personnel	<input type="checkbox"/> Female
<input type="checkbox"/> Other (Member-at-Large, Candidate, Guest, etc): _____		

**I plan to attend the following Sessions of the Annual Meeting:**

	Friday	Saturday
<b>Morning:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Afternoon:</b>	<input type="checkbox"/>	<input type="checkbox"/> Retiree Luncheon
<b>Evening:</b>	<input type="checkbox"/> Celebration of Ministries Service	

**Special needs to consider to enable your participation:**

  
  

**I plan to be part of the choir for the Celebration of Ministries Service.**  Yes     No

**MEALS:    \$50.00 Meal Package**  Yes     No  
 (Includes Snacks, Lunch & Dinner for Fri. and Snacks & Lunch on Sat. – no adjustments.)  
**Payable to Hamilton Conference with Registration Form.**  Enclosed

**SPECIAL NEEDS:** I will require vegetarian meals:  Yes  No

Handicapped Parking Needs: \_\_\_\_\_

*If you have any special needs this completed and certified form must be returned to Conference Office by April 30, 2010.  
It may not be possible to honour requests received after that date.*

Certified by: _____ (Presbytery Secretary)	<b>Payment for meal package must accompany this form.</b> <input type="checkbox"/>
Received by: _____ Date: _____	