



REGISTRATION INFORMATION

Annual Meeting – June 1-3, 2012 – Port Elgin, ON

This form must be received at the Conference Office by May 9, 2012.
Early Bird Deadline: March 31, 2012
(On-line Registration also available at www.hamconf.org)

| | |
|--|----------------------------|
| Surname <i>(Please print clearly)</i> | Preferred Name and Initial |
| Full Mailing Address, including Postal Code! | |
| Work Phone () | Home Phone () |
| Cell 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.****

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 be part of the choir for the Celebration of Ministries Service. Yes No

| ACCOMMODATION & MEAL PACKAGES: Please select from the following packages: | | | |
|---|--|----------|--------|
| Mark X | Options | Cost | Amount |
| A | Meals & Accommodation – Full Meeting (based on SINGLE occupancy) | | |
| | Register on/before March 31 | \$540 | |
| | Register after March 31 | \$610 | |
| B | Meals & Accommodation – Full Meeting (based on DOUBLE occupancy) | | |
| | Register on/before March 31 | \$370 ea | |
| | Register after March 31 | \$440 ea | |
| ** | Preferred Roommate: | | |
| C | Meals Only – Full Meeting (lunch & supper) | | |
| | Register on/before March 31 | \$ 80 | |
| | Register after March 31 | \$105 | |
| D | Meals Only – Friday (lunch & supper) | | |
| | Register on/before March 31 | \$40 | |
| | Register after March 31 | \$50 | |
| E | Meals Only – Saturday (lunch & supper) | | |
| | Register on/before March 31 | \$40 | |
| | Register after March 31 | \$50 | |
| F | Meals Only – Sunday (lunch only) | | |
| | Register on/before March 31 | \$18 | |
| | Register after March 31 | \$20 | |
| G | Billet (in a local home-breakfast provided) ó Meal Package purchased separately – see above. | | |
| | Please complete Billet Request on page 2. Deadline March 31, 2012. | | |
| SUB TOTAL | | | |

| | | |
|--|--|--|
| TRANSPORTATION: | Cost | Amount |
| Highway Coach from Hamilton Conference Office (return) | \$25 | |
| TOTAL FEE PAYABLE | | |
| <u>Please make cheque payable to Hamilton Conference and submit with this Registration Form.</u> | | <input type="checkbox"/> Enclosed |
| <i>* Cancellation of registration must be received by May 15, 2012 in order to receive refund. *</i> | | |
| SPECIAL NEEDS: | Vegetarian: <input type="checkbox"/> Yes | Lactose-free: <input type="checkbox"/> Yes |
| | Vegan: <input type="checkbox"/> Yes | Gluten-free: <input type="checkbox"/> Yes |
| | | Diabetic: <input type="checkbox"/> Yes |
| Allergies: <input type="checkbox"/> Yes ó Please specify: _____ | | |
| | Handicapped Room: <input type="checkbox"/> Yes | Smoker: <input type="checkbox"/> Yes |
| | | Non-Smoker: <input type="checkbox"/> Yes |
| Other special needs to consider to enable your participation: | | |

| | | | | |
|---|---------------------------------|------------|-----------------------------------|------------|
| SPIRITUAL PRACTICES WORKSHOP SELECTION: Please refer to list in Registration Booklet or at www.hamconf.org | Saturday Morning Session | | Saturday Afternoon Session | |
| | 1 st Choice: | Workshop # | 1 st Choice: | Workshop # |
| | 2 nd Choice: | Workshop # | 2 nd Choice: | Workshop # |

| | |
|--------------------------------|---|
| Received by: _____ Date: _____ | Payment must accompany this form. <input type="checkbox"/> |
|--------------------------------|---|



BILLET REQUEST
Annual Meeting – June 1-3. 2012
DEADLINE: March 31, 2012

To be completed only if a billet in a home is required.

I will require billeting (please indicate with): Thursday Friday Saturday

| | |
|--|---|
| Name: | <input type="checkbox"/> Attending with spouse/partner (Separate billeting form for each) |
| Phone: | |
| E-mail: | SPECIAL NEEDS: (diets, allergies, disabilities, other requests) It is imperative that we know of any health problems you may have which would influence where you could be billeted. |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker | |
| <input type="checkbox"/> Will require transportation to/from Meeting | |

| |
|---|
| BILLETED WITH: (office use only) |
| Name: _____ |
| Address: _____ Phone: _____ |

DON'T BE A NO-SHOW!

Please notify Judy Zarubick 519-396-2637 if you have to cancel any night.