WHITE

Registration and Meal Reservation Form

136th ANNUAL MEETING OF THE CONNECTICUT CONFERENCE UNITED CHURCH OF CHRIST

October 17, 18, and 19, 2003

RESERVATIONS MUST BE SUBMITTED NO LATER THAN OCTOBER 10, 2003

Please use *one* form for *each* person.

Title **Name** (one person only)

Home Street Address/P.O. Box

Home Town/City **State** **Zip**

Daytime Phone (including Area Code) **Ext.**

Church Name

Church Town/City

Home Email Address

Evening Phone (including Area Code)

Are you attending as (**check ONE**):

- ☐ **Lay Delegate from local church**
- ☐ **Youth Delegate from local church**
- ☐ **Retired Clergy**
- ☐ **Retired Clergy Spouse**
- ☐ **Auth. Minister** (Clergy, Commissioned Minister, Licensed Minister)
- ☐ **Member, Conf. Board of Directors**
- ☐ **Officer of Conference**
- ☐ **Former Moderator of Annual Meeting**
- ☐ **Moderator of an Association**
- ☐ **Adult Visitor**
- ☐ **Youth Visitor**
- ☐ **In-Care Student**
- ☐ **Member of Ministry Team** (Local, Wider, Justice & Witness)

	Price	Amount Due
Friday Authorized Ministry Event with Lunch	$14.00	
Friday Night Dinner at Saxe Middle School	$18.00	
Saturday Lunch at Saxe Middle School **OR**	..... $10.50	
Saturday Connecticut Women's Luncheon & Speaker	**OR**.... $10.50	
Saturday Night Dinner at Saxe Middle School	$18.00	
Sunday Lunch at Saxe Middle School	$12.50	
Administrative Cost *(per person)* (required for everyone except retired clergy & spouse, or youth *visitors* age 18 and under)	$39.50	
	TOTAL:	**$**

☐ **Vegetarian Meals requested**

IMPORTANT: No meal reservations will be accepted after **October 10, 2003**

PAYMENT INFORMATION:

☐ **Check enclosed** (payable to Missionary Society of Connecticut) **Check no.** _____

☐ **Charge my credit card** (circle one: **MasterCard** **Visa**)

Name as it appears on credit card: _____

Card Number: _____ Expiration Date: _____

Signature (for authorization): _____

Please mail this entire form to: Missionary Society of CT, 125 Sherman Street, Hartford, CT 06105

Phone: 860-233-5564 **Fax: 860-231-8111**

Note: Your Registration Packet and meal tickets will be at the registration desk at Saxe Middle School, New Canaan, CT.

For Office Use Only: Ticket # _____ Authorization # _____ 85