

Registration and Meal Reservation Form

138th ANNUAL MEETING OF THE CONNECTICUT CONFERENCE UNITED CHURCH OF CHRIST Spring Meeting, Saturday, May 14, 2005

TO REGISTER FOR LUNCH, RESERVATIONS MUST BE RECEIVED NO LATER THAN FRIDAY, MAY 6, 2005

Please use a separate form for each person.

↑ Title Name (one person only)	↑ Church Name
↑ Home Street Address/P.O. Box	↑ Church Town/City
↑ Home Town/City State Zip	□ work □ home
↑ Area Code Daytime Phone Ext.	↑ Email Address for questions about your registration.
↑ Area Code Daytime Phone Ext.	↑ Area Code Evening Phone

- Are you attending as (check ONE):
- | | |
|--|--|
| <input type="checkbox"/> Lay Delegate from local church
<input type="checkbox"/> Youth Delegate from local church
<input type="checkbox"/> Retired Clergy
<input type="checkbox"/> Retired Clergy Spouse
<input type="checkbox"/> Authorized Minister (Clergy, Commissioned Minister, Licensed Minister) | <input type="checkbox"/> Member, Conf. Board of Directors
<input type="checkbox"/> Officer of Conference
<input type="checkbox"/> Former Moderator of Annual Meeting
<input type="checkbox"/> Moderator of an Association
<input type="checkbox"/> Adult Visitor
<input type="checkbox"/> Youth Visitor
<input type="checkbox"/> In-Care Student |
|--|--|

	Price
Registration fee if you are an adult (includes a box lunch)..... Choose one: <input type="checkbox"/> tuna wrap <input type="checkbox"/> turkey wrap <input type="checkbox"/> vegetarian wrap	\$20.00
Registration fee if you are age 18 or under (includes a box lunch) Choose one: <input type="checkbox"/> tuna wrap <input type="checkbox"/> turkey wrap <input type="checkbox"/> vegetarian wrap	\$10.00

NOTES: If you would like to use **Child Care**, call Diana at the Wallingford Church (203-265-1691).
 If you have a **special need**, call Peggy at the Conference office (860-233-5564).

IMPORTANT: NO meal reservations will be accepted after **Friday, May 6, 2005**, or at the Annual Meeting.
 You may bring your own lunch or purchase food items at the Snack Bar hosted by a UCC youth group.

PAYMENT INFORMATION (check one):

- 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 send this entire form to: Missionary Society of CT, 125 Sherman Street, Hartford, CT 06105
Phone: 860-233-5564 or 866-367-2822 (toll-free in CT) Fax: 860-231-8111

Note: Your Registration Packet and meal ticket will be at the registration desk at First Congregational Church, Wallingford.

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