Registration Form

2016 Ministers Conference - August 22-25, Chevy Chase MD <u>DEADLINE: Postmark July 10, 2016</u>

Early Registration Deadline: Postmark May 27, 2016

<u>Clergy Couples:</u> please complete a form for each person.

	lame			
referred first name for badge		Gender:	M	F
Mailing Address	Cell Phone	City	State	_Zip Code
Day Phone	Cell Phone	e-mail		
Choose one Regis	stration Plan			
Individual Full Package	e Plan (includes registration fee; hou	sing Mon., Tues, Wed. nights	s; all meals)	
 MC Mem 	ber Single (Early Reg. \$595.75,	Late Reg. \$620.75)		\$
 MC Non I 	 MC Non Member Single (Early Reg. \$645.75, Late Reg. \$683.25) MC Member Double (Early Reg. \$414.25, Late Reg. \$439.25) 			
 MC Mem 		\$		
 Prefer 	red Roommate****			
 MC Non I 	Member Double (Early Reg. \$4	64.25, Late Reg. \$501.7	5)	\$
 Prefer 	red Roommate****			
	sing dates and meals on next pag			ė
	ber (Registration Fee: early \$1			\$
	/ Members sharing room			
	Member (Registration Fee: ear			\$
o Family	/ Members sharing room			
Individual A la Carte P	lan_ (Select housing dates and me	als on next page)		
	ber (Registration Fee: early \$1	• = •		\$
o Prefer	red Roommate****			
MC Non I	Member (Registration Fee: ear	ly \$200, late \$250)		\$
 Prefer 	red Roommate****			
	Plan (Select meals on next page)			
	ber (Registration Fee: early \$1	•		\$
 MC Nonn 	nember (Registration Fee: earl	y \$175, late \$218.75)		\$

****If you did not list a preferred roommate, we will do our best to find someone to share with you; however, if we cannot find anyone, you will be billed for a single. Roommates will be assigned right before the conference.

Continued on next page

Select Ho	using Dates:	A la Carte Plan and Fa	mily Plan <u>only</u>		
Housing Costs	s: family plan \$123	L/night; a la carte plan s	\$121/night single, \$60.50/nig	ht double	
Monday (8/22)Tuesday (8/23) Wednesday (8/24)			Vednesday (8/24)	Total Housing \$	
Select Me	als: Family Plan	, A la Carte Plan, Con	nmuter Plan only		
	•	5, Lunch \$15.50, Dinn			
	Children ur	nder the age of 5 eat	free.		
Family P	lan Registrants: lis	t # of meals for childre	n under 5 and # of meals for p	persons age 5 and older	
<u>Monday</u>	<u>Tuesday</u>	Wednesday	<u>Thursday</u>		
	bkft	bkft	bkft		
	lunch	lunch	lunch	Total Meals \$	
dinner	dinner	dinner			
C	heck here if	you have special	meal requests.		
		•	rm with additional information	an)	
(ii you nave sp	occiai incai reques	its, you will receive a lo	im with additional information	511)	
			TOTAL AMO	OUNT ENCLOSED \$	
Payment	Information :				
Check (paya	ble to The Minis	ters Council, ABCUSA) Check #		
(MC, Visa, AMEX) Exp. Date:					
J					
Cancellation	Policy:				

If you cancel your registration, you will receive a full refund from the Registration Open Date to May 15, a 50% refund from May 16 to June 15. There will be no refunds after June 15.

Mail completed form with payment to

Office of Travel and Conference Planning ABCUSA PO Box 851 Valley Forge, PA 19482-0851