

Vermont Conference, UCC
215th Annual Meeting
June 3-5, 2010
Lyndon State College
 Housing not guaranteed after May 14

For Registrar's Use Only	
Registration #	_____
Postmark	_____
Total Due	_____
Check #	_____
Check Amt	_____

___ Check if attended last year		
Full Name, printed as you would like your nametag to read		
Mailing Address	Town	State & Zip Code
Home Phone	Work Phone	Email Address
Home Church and Town		

<p>Meals and Housing Registration: (all fees are per person)</p> <p>Registration Fee \$50.00 _____ (required of all meeting attendees)</p> <p>Meals:</p> <p>All Meals \$50.00 _____</p> <p>Or Thursday Dinner \$13.00 _____ Friday Breakfast \$ 5.00 _____ Friday Lunch \$ 9.00 _____ Friday Dinner \$13.00 _____ Saturday Breakfast \$ 5.00 _____ Saturday Lunch \$ 9.00 _____</p> <p>*Children under 5 - ½ price</p> <p>Housing (College Dorm Room) (children under 10 room w/parents)</p> <p>No Housing Needed _____</p> <p>Thursday-Child-Under 10 \$ 00 _____ Thursday night \$18.00 _____</p> <p>Friday-Child-Under 10 \$.00 _____ Friday night \$18.00 _____</p> <p>Linens & Pillow \$10.00 _____ (you are encouraged to bring your own)</p> <p>Sub-Total Due _____</p> <p>Total Enclosed _____</p> <p>(indicate if personal check ___ or church payment ___)</p>	<p>Indicate your Status:</p> <p><u>Voting Member:</u></p> <p>Local Church Lay Delegate _____ Youth Delegate (under 21) _____ Ordained Minister _____ Commissioned/Licensed _____ Past Conference President/Moderator _____ Conference Officer/Director _____ Association Moderator _____ Conference Dept/Cmte Member _____ Member In-Discernment _____ General Synod Delegate _____</p> <p><u>Non-Voting Member:</u></p> <p>Visitor _____ Visitor-Child _____</p> <p>Special Needs Requests:</p> <p>Fully Accessible Housing _____ Signing Service _____ Dietary Needs _____ Large Print _____ Child Care _____ Please Specify needs: _____ _____</p> <p>Roommate/Housing Requests:</p> <p>Adult Roommate Preference: _____ Family Housing: Children _____ Adults _____ Youth Roommate Preference: _____ Name of Adult Supervising Youth: _____</p>
<p>Payment must accompany this form. Make Checks payable to: Vermont Conference Annual Meeting Please mail registration forms to: Dereen Vanderlinde-Abernathy, Registrar, VT Conference, 36 N Main St, Randolph VT 05060</p>	