

**ROLL OF CONFERENCE/REGISTRATION FORM
BAY OF QUINTE CONFERENCE 2010 ANNUAL MEETING
"FireWorks"**

Friday, May 28 – Sunday, May 30, 2010
Brockville Memorial Centre, Brockville, Ontario

I will be attending this Annual Meeting I will not be attending this Annual Meeting

1. CONFERENCE DIRECTORY

A Conference Directory is provided free of charge to each Pastoral Charge and members of the Conference Executive for the upcoming year. A Directory can be purchased for \$10.00 (includes postage). Please indicate your wish to purchase a Directory by checking the box below, and include payment with your registration.

I wish to purchase the 2010 Directory. (Please complete Section 7.)

2. PERSONAL INFORMATION

(The address/email/telephone you provide is for the Conference Directory and Conference Mailings.)

I authorize this information to be published in the Conference Directory: Yes No

PLEASE PRINT CLEARLY

Name: _____

Full Mailing Address: _____ **Postal Code** _____

Telephone: Home: _____ **Work:** _____ **Fax:** _____

E-mail Address: _____ **Church Web Site Address:** _____

Official Name of your Pastoral Charge: _____ **Presbytery:** _____

STATUS: (please circle)

Ministry Personnel

Ordained Minister	Diaconal Supply	Candidate
Diaconal Minister	Ordinand	Intern Supply
DLM Recognized	Designand	Retired (circle one other)
DLM Not Recognized	Commissionand	Interim Minister
Student Supply	United Supply	
Ordained Supply	Candidate Supply	

Lay Member

Lay Delegate
Youth Delegate
Registered Guest

Other: _____

Date

Signature

TO BE COMPLETED BY THE SECRETARY OF PRESBYTERY:

This registration reflects the Roll of Presbytery regarding Ministry Personnel and the result of the election of Lay Delegates by the Presbytery.

I have corrected this registration.

Date

Signature of Presbytery Secretary

Please indicate if you require assistance (e.g., sight, hearing, mobility) in order to fully participate in the 2010 Annual Meeting. Please specify so that we can make appropriate seating arrangements.

FM Hearing system: wheelchair access: seating close to screen:

Comment _____

3. REGISTRATION

PLEASE ENSURE THAT THIS FORM (SIGNED BY YOUR PRESBYTERY SECRETARY) WITH YOUR CHEQUE (IF APPLICABLE), IS RECEIVED AT THE CONFERENCE OFFICE BY MARCH 19, 2010. After that date, meals cannot be guaranteed. In order to ensure the receipt of *Volume 1* and the Docket, you **must** register in advance.

REGISTERED GUEST/SPECTATOR: A fee of \$15 entitles a registered guest to the registration package, including the docket, and registration on the Roll of Conference. See Section 7. Spectators are welcome at no fee but will not be registered and will not receive any materials.

4. BILLETING (Billet hosts do not provide meals.)

- I wish to be billeted (no charge)
 Thursday Night
 Friday Night
 Saturday Night
 I will need a ride to/from my billet
 I am a smoker
 I am a non-smoker
 I would like a private room
 I would like to share a room with _____
 I have special needs (Please indicate: i.e., allergies, stairs, etc.) _____

5. CHILDCARE PROGRAM (Children age 3 and under)

The cost of the program is \$15.00 a day per child. Please send this registration form noting your need for this program as early as possible, so that we can provide adequate caregivers. There is **no meal charge** for children in the childcare program.

- Yes, I want to enroll my child(ren) in the Childcare Program

Name and age of child(ren) _____

The **Children’s Program (ages 4–11)** registration form is available from your Presbytery Secretary and on the Conference website at www.bayofquinteconference.ca/CAMreg.htm. Please return the children’s registration form with your form(s).

6. MEAL PLAN

The Meal Plan consists of **lunch and the Retirees Banquet on Friday, lunch and dinner on Saturday and lunch on Sunday. Other than the Retirees Banquet, meals may not be purchased separately.**

MEAL PLAN: \$90.00

- I shall require a special diet.* Please give details: (Vegetarians, please specify the type of vegetarian)

FRIDAY RETIREES BANQUET (included in the Meal Plan): Tickets for those **not subscribing to the Meal Plan** are \$25.00.

7. PAYMENT IN ADVANCE (REQUIRED) Please indicate the number required and the total cost.

Meal Plan: (Section 6)	_____ @ \$90.00	\$ _____
Meal plan includes Friday Retirees Banquet.		
Retirees Banquet: (only)	_____ @ \$25.00	\$ _____
Conference Directory: (Section 1)	_____ @ \$10.00	\$ _____
Registered Guest: (Section 3)	_____ @ \$15.00	\$ _____
Childcare Program: (Section 5)	_____ @ \$15.00	\$ _____
	TOTAL:	\$ _____

Please attach a cheque/money order made payable to **“BAY OF QUINTE CONFERENCE”**

REGISTRATION FORMS MUST ARRIVE AT THE CONFERENCE OFFICE BY MARCH 19!!

Any questions? Please contact the Conference Office at: P.O. Box 700, 67 Mill Street, Frankford, ON K0K 2C0
 Telephone: 1-888-759-2444 (toll free within Conference boundaries) or 613-398-1051
 Facsimile: 613-398-8894 Email: reception@bayofquinteconference.ca or officeadmin@bayofquinteconference.ca

“The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation including, but not limited to, The Personal Information Protection and Electronic Documents Act (2000, c.5).