

Registration and Meal Reservation Form

135th ANNUAL MEETING OF THE CONNECTICUT CONFERENCE UNITED CHURCH OF CHRIST October 18, 19, 20, 2002

RESERVATIONS MUST BE SUBMITTED NO LATER THAN OCTOBER 9, 2002

Please use one form for each person.

Name (one person only)	Church Name
Home Address	Church Town/City
Home Town/City	Church Phone (including Area Code)
Daytime Phone (including Area Code)	Home Email
Zip	

Are you attending as (check one):

- | | |
|---|--|
| <input type="checkbox"/> Lay Delegate from local church
<input type="checkbox"/> Retired Clergy
<input type="checkbox"/> Auth. 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"/> Visitor (adult)
<input type="checkbox"/> Visitor (youth; 18 yrs. and under not required to pay Administrative Cost)
<input type="checkbox"/> In-Care Student
<input type="checkbox"/> Member of Ministry Team (Local, Wider, Justice & Witness) |
|---|--|

	Price	Amount Due
Friday Authorized Ministry Event with Lunch.....	\$12.00	
Friday Authorized Ministry Event OR without Lunch.....	OR ... \$3.00	
Friday Night Dinner at Hill Regional Career High School	\$12.70	
Saturday Lunch at Hill Regional Career High School OR.....	\$8.50	
Saturday Connecticut Women's Luncheon & Speaker.....	OR ... \$10.00	
Saturday Night Dinner at Hill Regional Career High School	\$12.70	
Sunday Lunch at Hill Regional Career High School	\$8.50	
Administrative Cost (<i>per person</i>) (required for everyone except retired clergy & spouse, or youth age 18 and under)	\$27.50	\$27.50
TOTAL:		\$

- Vegetarian Meals requested
 I plan to attend the 50/25 Ordination Reception on Friday afternoon at Yale Divinity School

IMPORTANT: No meal reservations will be accepted after **October 9, 2002**

PAYMENT INFORMATION:

- Check enclosed (payable to Missionary Society of Connecticut)
 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

Note: Your Registration Packet and meal tickets will be at the registration desk at Hill Regional Career H.S., New Haven.

For Office Use Only: 85

Ticket # _____ Authorization # _____