



REGISTRATION INFORMATION

Conference Meeting – May 25-27, 2018 – Port Elgin

This form must be received at the Conference Office by April 27, 2018.

Mail to: Hamilton Conference

Early Bird Deadline: March 31, 2018

P.O. Box 100,

(On-line Registration also available at www.hamconf.org)

Carlisle, ON L0R 1H0

Surname <i>(Please print clearly)</i>	Preferred Name and Initial
Full Mailing Address, including Postal Code!	
Work Phone ()	Home Phone ()
Cell Number ()	E-mail Address
Presbytery	Pastoral Charge

Please ensure that the above information is correct and as you wish it to appear in the Hamilton Conference Directory.

The following information is used by the Agenda and Business Committee to improve your experience at the Annual Meeting.

<input type="checkbox"/> New Delegate	<input type="checkbox"/> Lay	Gender _____
<input type="checkbox"/> Returning Delegate	<input type="checkbox"/> Ministry Personnel	
<input type="checkbox"/> Other (Member-at-Large, Candidate, Guest, etc.): _____		
I plan to be part of the choir for the Celebration of Ministries Service.		<input type="checkbox"/> Yes <input type="checkbox"/> No

BILLET REQUEST

Conference Meeting – May 25, 26, 27, 2018

DEADLINE: March 31, 2018

To be completed only if a billet in a home is required.

I will require billeting (please indicate with): Friday Saturday

Name:	<input type="checkbox"/> Attending with spouse/partner (Separate billeting form for each)
Phone:	
E-mail:	SPECIAL NEEDS: (diets, allergies, disabilities, other requests) It is imperative that we know of any health problems you may have which would influence where you could be billeted.
Gender _____	
<input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker <input type="checkbox"/> Will require transportation to/from Meeting	

BILLETED WITH: (office use only)

Name: _____
Address: _____ Phone: _____

DON'T BE A NO-SHOW!

Please notify Judy Zarubick at 519-396-2637 if you have to cancel any night. (Page 1 of 3)

ACCOMMODATION & MEAL PACKAGES: Please select from the following packages:					
Mark X	Options	Cost	Amount		
A	Meals* & Accommodation – Full Meeting (based on SINGLE occupancy) *Includes Breakfast				
	Register on/before March 31	\$510			
	Register after March 31	\$540			
B	Meals* & Accommodation – Full Meeting (based on DOUBLE occupancy)				
	Register on/before March 31	\$305 ea			
	Register after March 31	\$335 ea			
**	Roommate:				
C	Meals* & Accommodation - Full Meeting (based on TRIPLE occupancy) Must specify roommates!				
	Register on/before March 31	\$240 ea			
	Register after March 31	\$270 ea			
**	Roommates: (1)				
**	(2)				
D	Meals* & Accommodation - Full Meeting (based on QUAD occupancy) Must specify roommates!				
	Register on/before March 31	\$205 ea			
	Register after March 31	\$235 ea			
**	Roommates: (1)				
**	(2)				
**	(3)				
E	Meals Only – Full Meeting (lunch & supper)				
	Register on/before March 31	\$100			
	Register after March 31	\$115			
F	Meals Only – Friday (lunch & supper)				
	Register on/before March 31	\$45			
	Register after March 31	\$50			
G	Meals Only – Saturday (lunch & supper)				
	Register on/before March 31	\$45			
	Register after March 31	\$50			
H	Meals Only – Sunday (lunch & supper)				
	Register on/before March 31	\$45			
	Register after March 31	\$50			
I	Billet (in a local home-breakfast provided) – Meal Package purchased separately – see above.				
	Must complete Billet Request. Deadline March 31, 2018.				
SUB TOTAL					
CHILD CARE: During meeting times		Cost / Child	Amount		
MUST complete UNIFOR Child Care Form for each child available at http://hamconf.org/wp-content/uploads/2016/12/Hamilton-Conference-Child-Care-Registration-Form.pdf.					
Name:		Age:		\$80	
Name:		Age:		\$80	
Name:		Age:		\$80	
Name:		Age:		\$80	
TOTAL FEE PAYABLE					
Please make cheque payable to Hamilton Conference and submit with this Registration Form***. <input type="checkbox"/> Enclosed					
<i>* Cancellation of registration must be received by April 27, 2018 in order to receive refund. *</i>					

SPECIAL NEEDS: **Vegetarian:** Yes **Lactose-free:** Yes **Diabetic:** Yes
 Vegan: Yes **Gluten-free:** Yes

Allergies: Yes – Please specify: _____

Yes: **Wheelchair-Accessible Room** Yes: **Smoker** Yes: **Non-Smoker**

Other special needs to consider to enable your participation:

Received by: _____ Date: _____

Payment must accompany this form.

Notes:

- * Meals & Accommodation packages include breakfast. Meals only packages are lunch and supper only.
- ** Delegates requesting triple or quad accommodation at the UNIFOR Centre must arrange for and specify their roommates upon registration. We cannot assign roommates for triple or quad rooms.
- *** Please mail registration form with your cheque to:
Hamilton Conference, The United Church of Canada
P.O. Box 100, Carlisle, ON L0R 1H0