

# New England Annual Conference 2011 Registration

We encourage you to register online at [www.neumc.org/AC2011](http://www.neumc.org/AC2011). Click on the Registration link (All payment options open to online registrants). One form per person. For additional registrants, copy this form or obtain a blank form from [www.neumc.org/ac2011](http://www.neumc.org/ac2011). Checks only for mail-in registrations.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Nickname/Preferred FIRST Name \_\_\_\_\_  
Optional. If filled in, this will be the first name printed on your badge. Do not add your last name or any title (Mr., Ms., Rev.) to this field.

## Your Church

CHURCH NAME(s) \_\_\_\_\_  
(or Extension Ministry/Title if serving beyond the local church). Multiple names can be entered, separated by comma.

CHURCH CITY \_\_\_\_\_ CHURCH STATE \_\_\_\_\_  
(or Extension Ministry location)

## Registrant Type

**THIS REGISTRATION IS FOR:**  
Select ONE registrant type from the list below.

- Adult
- Youth (age 13-17)
- Child (age 4-12)
- Child (under 4)

**VOTING STATUS (Check one)**

- Clergy Member
- Lay Member
- Alternate Lay Member (only if replacing Lay Member, otherwise "Guest")
- Equalization Member
- Guest (non-voting)
- Staff (non-voting)
- Youth (non-voting)

**REGISTRATION CHECKLIST/REQUESTS.** Check all that apply.

- I am a first-time Conference attendee
- I can bring my name badge holder from last year or provide my own
- I request an assistive listening device (Listen Technologies)
- I need a wheelchair accessible room
- I have difficulty with stairs (need first floor or elevator accessible room)
- I am eligible for and request Handicap Parking (access to Handicap Parking available only if eligible. Parking options will be confirmed before Conference)

**OTHER SPECIAL NEEDS** Gordon College offers options for dietary and accessibility needs, and service animals (no pets allowed). Since advance notice is required, please indicate special needs or support requests. Thank you!

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## Packages and Meal Options

### REGISTRATION OPTIONS

EACH INDIVIDUAL REGISTRANT MUST SELECT A LODGING or COMMUTER OPTION. Rates are per person. WEDNESDAY arrivals include Thursday breakfast, thru Saturday lunch. Wednesday dinner is not included; available by pre-registration or cash. Please pre-register to ensure sufficient meals are available.

COMMUTERS with meals includes Thurs-Fri dinner and Thurs-Fri-Sat lunch. NO breakfast included with Commuter package. Single Rooms by special request only. Availability limited.

| Circle one | Package   | Type                                  | Cost                             | Amount:              |
|------------|---|---------------------------------------|----------------------------------|----------------------|
| 1a         | WEDNESDAY arrival (3 nights).<br>Adult/Youth Dorm Rm                    | DOUBLE                                | \$250.00 per person              | <input type="text"/> |
| 1b         | WEDNESDAY arrival (3 nights).<br>Adult/Youth                            | FAMILY Dorm                           | \$250.00 per person              | <input type="text"/> |
| 1sp        | Special Request: WEDNESDAY<br>arrival (3 nights).                       | SINGLE DORM<br>(availability limited) | \$330.00 per person              | <input type="text"/> |
| 2c         | Child (age 4 - 12) (with any parent<br>registration)                    | FAMILY Dorm (\$60)                    | \$ 60.00 per child               | <input type="text"/> |
| 2d         | Child (under 4) (with any parent<br>registration)                       | FAMILY Dorm                           | No charge (per<br>child under 4) | <input type="text"/> |
| 3sw        | Special Request: ONE NIGHT only<br>(W) - (includes next day breakfast)  | WEDNESDAY                             | \$120.00 per person              | <input type="text"/> |
| 3st        | Special Request: ONE NIGHT only<br>(Th) - (includes next day breakfast) | THURSDAY                              | \$120.00 per person              | <input type="text"/> |
| 3sf        | Special Request: ONE NIGHT only<br>(F) - (includes next day breakfast)  | FRIDAY                                | \$120.00 per person              | <input type="text"/> |
| 4a         | COMMUTER with Meals (no<br>breakfasts)                                  | Campus Use/meals<br>only. No lodging. | \$140.00 per person              | <input type="text"/> |
| 4b         | COMMUTER ONLY -(no<br>lodging/meals)                                    | Campus Use only.                      | \$ 80.00 per person              | <input type="text"/> |

### ADD WEDNESDAY DINNER

Add \$12.00:

Please select if you require dinner on Wednesday evening (Pre-registration required - Wed dinner not included in registration packages).

**THURS-FRI ALTERNATIVE MEAL OPTION:** Thur-Fri Dinner only - limited to 240 persons each night. This item is to assess the level of interest in this alternative meal option, and does not guarantee entrance to the Barbeque Tent.

I prefer to eat at the Barbeque Tent

### EARLY ARRIVAL: TUESDAY NIGHT

Add \$62.00:

Special option for staff and those with additional travel time requirements. (Lodging assignment will be double or single based on Lodging Option chosen in previous step.) INCLUDES Wednesday Breakfast and Dinner - Wednesday Lunch NOT included. Cash lunch available in dining hall for persons not attending the Clergy Luncheon in Danvers, MA.

**ROOMMATE REQUEST** (for double rooms): \_\_\_\_\_

**GENDER** (indicate your gender):                      Female    Male

**LODGING COMMENTS/OTHER LODGING REQUESTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Registration Deductions** ONLY if eligible per the descriptions outlined below. Select only ONE deduction.

**DEDUCTION 1 for Youth/Young Adult Equalization Members - Ages 13-35 Only**

Check only if eligible. One deduction per person up to cost of registration only (EQ commuters: please take commuter deduction).

- Special Deduction 1a (if registered with lodging) (subtract \$125.00) –
- Special Deduction 1b (if commuter registration) (subtract \$ 80.00) –

**DEDUCTION 2 for Retired Clergy-Surviving Spouses-Disabled Clergy**

Check only if eligible. One deduction per person up to the cost of registration (retired commuters: take the commuter deduction only, please). Note: Clergy retiring in 2011 not eligible for deduction until the next Annual Conference.

- Special Deduction 2a (if registered with lodging) (subtract \$110.00) –
- Special Deduction 2b (if commuter registration) (subtract \$ 80.00) –

**Child Care Requirements**

**KID & TOT'S CLUB**

Every child must be registered separately. Please indicate the Kids & Tot's Club sessions needed for each child you are registering for. Additional registration information will be required for participation in the program.

- Wed AFTERNOON
- Wed EVE
- Thurs MORNING
- Thurs AFTERNOON
- Thurs EVE
- Friday MORNING
- Friday AFTERNOON
- Friday EVE
- Saturday MORNING
- Saturday AFTERNOON

Child's Name and Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Contact information while at AC (i.e. cell phone). PLEASE include area code. \_\_\_\_\_

**Other Purchases or Contributions**

Please note that 2011 ANNUAL CONFERENCE JOURNALS will be available for FREE download this Fall. Visit [www.neumc.org/ac11journal](http://www.neumc.org/ac11journal)

| Quantity                    | Item  |              | Total Amount |
|-----------------------------|---|--------------|--------------|
| _____                       | <b>IMAGINE NO MALARIA bracelets (\$5)</b><br>Enter the number of bracelets ordered. Each bracelet is \$5.00. 100% goes to Imagine No Malaria Campaign. Bracelets will be distributed at Annual Conference | \$5.00 each  |              |
| <b><u>2011 JOURNALS</u></b> |   |              |              |
| _____                       | CD Version – Journal and Directory Set  | \$25.00 set  |              |
| _____                       | Printed version – Journal and Directory Set   | \$50.00 set  |              |
| _____                       | Printed version – Journal only  | \$25.00 each |              |
| _____                       | Printed version – Directory only  | \$35.00 each |              |

**MY GIFT** to help others attend Annual Conference Gift Amount:

**MEMORIAL GIFT** These gifts support financial aid for Conference attendees. Thank you! Gift Amount:   
If you have given a Memorial Gift, please indicate how you would like your gift listed.

\_\_\_\_\_  
\_\_\_\_\_

