

2017 REGISTRATION FORM WOMEN'S CONFERENCE

July 14-16, 2017

Shippensburg University, Shippensburg, PA

Please **print information clearly**. E-mail confirmation will be sent to all who have an e-mail address listed. If you need a written confirmation of this registration, please include a stamped, self-addressed envelope.

Name & Title: _____ Name tag name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

E-mail: _____

Church: _____ Association: _____

Are you a female pastor: Yes _____ Pastor's Wife: Yes _____

Age: _____ First Conference: Yes: ___ who invited you: _____

Roommate Choice: _____

Do you need a handicapped accessible room: Y ___ N ___ Explain _____

Special dietary needs? _____

Lodging at Naugle Hall

- Two people per room, shared bathroom. Limited private single rooms are available, see costs on back.
- All rooms are air-conditioned.
- Two FLAT Sheets, pillow, case are provided.
- YOU bring towels, blankets, bath mats, hangers and personal hygiene items, shower caddy.

LATE CHECK-IN

Will you be arriving later than 6:00 PM on Friday evening. Yes: ___ Time of arrival: _____ PM

PAYMENTS AND FEES

- Make check payable to: **ABWMOPAD**
- Send to: Jodie Vasbinder, PO Box 55, Hillsdale, PA 15746
- Questions-contact Jodie! Phone: 814-845-2355
- E-mail: **ABWMOPADREGIONREGISTRAR@GMAIL.COM**

Returned Checks: A minimum fee of \$20.00, or total Non-Sufficient Funds Fees charged by the bank, will be charged to the conferee for any returned check.

Cancellation Policy: A \$50.00 cancellation fee will be charged. No refunds issued after July 1, 2017.

For Registrar Use, do not write in this area.

Date received:

Room assignment: _____

Women's Conference

July 14-16, 2017

Full Time / Part Time Registration Price Increase Date 6-1-17 & 7-1-17

Full time registration costs includes:
2 nights lodging, 5 meals, registration fee and university fees.
Everyone registering for two nights **must** register as full time.
(Please enter all amounts that apply)

| | | |
|-------------------|---|-----------|
| Full Time: | Before 5-31-17: \$165.00 | \$ _____ |
| | FIRST 40, 1st Time Conferee: \$115.00 | \$ _____ |
| | AB GIRLS: \$100.00 (flat no increase) | \$ _____ |
| | First Time AB GIRLS: \$50.00 | \$ _____ |
| | After 6-1-17: add \$10.00 | \$ _____ |
| | After 7-1-17: and all Walk-ins at conference: add \$20.00 | \$ _____ |
| | Private Single Room: add \$26.00 | \$ _____ |
| | FIRST 10 - 1st Time Female Pastor or 1st Time Pastor's wife: | No Charge |

| | | |
|-------------------|---|-----------------|
| Part Time: | (fees are payable by all conferees and is already included in full time cost) | |
| | Conference Registration/Program Fees | \$ <u>45.00</u> |
| | University Fees | \$ <u>25.00</u> |
| | (Please enter all amounts that apply) | |
| | Friday: Dinner | \$ _____ |
| | Lodging..... | \$ _____ |
| | Saturday: Breakfast..... | \$ _____ |
| | Lunch..... | \$ _____ |
| | Dinner | \$ _____ |
| | Lodging..... | \$ _____ |
| | Sunday: Breakfast..... | \$ _____ |
| | After 6-1-17: add \$10 | \$ _____ |
| | After 7-1-17: add \$20 | \$ _____ |

| | | |
|--------------------------|-------------------------------|----------|
| Additional Costs: | | |
| | Thursday: Lodging..... | \$ _____ |
| | Friday: Breakfast..... | \$ _____ |
| | Lunch..... | \$ _____ |
| | BED LOWERING FEE..... | \$ _____ |

Total Amount Enclosed: \$ _____

AB GIRLS ONLY: Sponsor on campus: _____ Tee Shirt Size _____

Workshop Choice for Saturday Session A: _____

Women's Workshop Choices

Enter the number & name of your first two workshop choices for the following sessions:

Session A, Saturday; 1:00 -2:30 pm

(1) _____ (2) _____

Session B, Saturday; 2:45 -4:15 pm

(1) _____ (2) _____

If we cannot give you any of your choices, we will contact you as soon as possible.