

REGISTRATION FORM FOR ABWMOPAD 2010 CONFERENCE

June 18-20, 2010

Bucknell University, Lewisburg, PA

Please **print clearly** the information below. If you wish a written confirmation of your reservation by return mail, include a stamped, self-addressed envelope with your registration form.

Name & Title: _____ Name tag name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ E-mail: _____

Church: _____ Association: _____

Age: (19-30) ___ (31-50) ___ (51-70) ___ (71 +) ___ First Conference: Yes: ___ No: ___

Regional Officer: ___ Nominee: ___ Workshop Leader: ___ Speaker: ___ ABCOPAD Staff ___

Health or handicapped need: Y ___ N ___ Explain _____

Do you need refrigeration for insulin or other medication Y ___ N ___

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

(There are only 7 ADA handicapped rooms available and will be assigned to those with specific handicapped needs only.)

Do you have any special dietary needs that we need to know about? _____

LODGING at McDonnell Hall

Dorms are set-up in pods. Each pod contains 9 sleeping rooms, a central lounge & 2 lavatories consisting of 4 shower stalls, & 6 commode stalls. Most of the Dorm Rooms sleep 2 and are air-conditioned. All rooms will be filled by us unless a roommate is noted or you mark single room. Single room rates are \$6.25 more per night. Elevators are available in each wing.

Roommate: _____

LATE CHECK-IN

Please let me know if you will 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: Barbara Diefenderfer, 140 Lizard Creek Road, Andreas, PA 18211
Call or email any questions to: Phone: 570-386-2457; E-mail: bbkcdief@ptd.net

Returned Checks: A fee of \$25.00 will be charged for any returned check. Cancellation Policy: A \$50.00 cancellation fee will be charged after May 15, 2010. No registration fees will be collected at Conference unless you are a new registrant. Please include any coupons (where applicable) with this registration form.

For Registrar Use

Date received:

Room assignment: _____

