

REGISTRATION INFORMATION
ALABAMA-WEST FLORIDA CONFERENCE UNITED METHODIST WOMEN
37th ANNUAL MEETING
District Officers Update—OCTOBER 30, 2009
Annual Day-OCTOBER 31, 2009

**“COME TO THE TABLE
TO NURTURE, TO SERVE, AND TO SHARE”**

WHO SHOULD ATTEND?

- Every United Methodist Woman
- Each Unit has **ONE** voting delegate and **MUST** pre-register
- Bishop, District Superintendents, and Pastors

PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM!

Roommates **MUST** register together. Full payment **MUST** accompany registration.

You may select one roommate. Linwood Wing on first come first served basis.

Conference and District Officers and Voting Delegates must pay \$5.00 registration fee only (\$10.00 to stay in Linwood).

Registration deadline is **October 16, 2009**. **No registration will be accepted on the day of the event.**

ALL PARTICIPANTS MUST PRE-REGISTER. Each person **MUST** use a separate registration form. Duplicate this form as needed. Friday check-in begins at 4:00 P.M. in the Atrium. Dinner is at 5:00 P.M. Saturday check-in is at the Gym beginning at 8:30 A.M. **MAKE CHECKS PAYABLE TO Blue Lake.** Mail Registration form and check to:

Lisa Smith, Registrar
Blue Lake Assembly
8500 Oakwood Lane
Andalusia, Alabama 36420
Phone: 334-222-5407

REGISTRATION FORM

NAME: _____ Phone: _____

ADDRESS _____ City _____ State _____ Zip _____

Church _____ E-Mail Address: _____

Voting Local Delegate: yes () no ()

Which UMW Office do you hold: _____

Delegate ____ : **Local Unit** _____ **District** _____ **Conference** _____

Handicap _____ **Downstairs room needed** _____ **First time at Blue Lake** _____

STATE NAME OF YOUR DISTRICT _____

ROOMMATE: _____

All fees include the \$5.00 registration fee:

Friday night and Saturday (double) Oakwood \$55.00, Linwood \$60.00

Saturday only (includes lunch) \$13.00

Total Enclosed: _____

Health Information Form MUST be included with Your Registration

**ALABAMA-WEST FLORIDA CONFERENCE
UNITED METHODIST WOMEN
HEALTH INFORMATION**

Please Return This Form with Your Registration

Please bring your medical insurance card in case of illness or emergency.

Name _____

Address _____

Telephone Number _____

List all medications you are currently taking and the prescribing physician

_____ Where could
medical personnel locate this medication during the sessions?

Specials Needs – Please specify

My physician is _____

Telephone Number is: (day) _____ (night) _____

Insurance Company _____

Policy Number _____

Name of nearest relative _____ Phone number(s) _____

Please select one:

___ I hereby give my permission for qualified medical personnel to provide any emergency medical care which they may deem necessary. I hold harmless the AL-WFL Conference United Methodist Women, The AL-WFL Conference, The United Methodist Church, and/or Blue Lake for any act or failure to act during a medical emergency.

___ I waive any necessary medical care and hold harmless the AL-WFL Conference United Methodist Women, the AL-WFL Conference, The United Methodist Church, and/or Blue Lake for any act or failure to act during a medical emergency.

Signature _____ Witness _____

Date _____