

**METROPOLITAN DISTRICT  
2006 CHURCH CONFERENCE REQUEST FORM**

CHURCH: \_\_\_\_\_

Telephone No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**TYPE OF CONFERENCE REQUESTED:**

Individual  
Reason(s): \_\_\_\_\_

Joint Conference with \_\_\_\_\_

Group Conference with \_\_\_\_\_

Location of Joint/Group Conference: \_\_\_\_\_

DATE AND TIME REQUESTED \_\_\_\_\_

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

Request submitted by \_\_\_\_\_

Date \_\_\_\_\_

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**FOR OFFICE USE**

Date request received \_\_\_\_\_

Conference date and time assigned \_\_\_\_\_

Date confirmation sent: \_\_\_\_\_

Comments: \_\_\_\_\_