



**SOUTHEASTERN JURISDICTION QUADRENNIAL MEETING  
UNITED METHODIST WOMEN  
Birmingham, Alabama  
JUNE 1-2, 2012**

**Registration Form**

**Registration Deadline: April 16, 2012**

Please complete all information requested on this form. You may photocopy additional forms as needed. **Send one registration form and the \$150 registration fee for each person who will be attending.** The fee covers the cost of **Registration, Banquet, and Triumphant Quartet Concert.** Those who are not registered may attend the banquet for a fee of \$50.00. Late registration is \$25.00. **Make check or money order payable to SEJLT UMW.**

Return the Registration Form and Registration Fee to the Registrar. If you would like a confirmation, please give an email address or include a stamped return envelope and/or postcard. **Registrar: Margie Caldwell, 709 – 11<sup>th</sup> Avenue, Pleasant Grove, AL 35127; 205-744-8390, [msmargie@hotmail.com](mailto:msmargie@hotmail.com)**

**PLEASE PRINT CLEARLY OR TYPE**

Name: \_\_\_\_\_ Name for Badge \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Conference: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ am/pm Airline: \_\_\_\_\_ Flight No. \_\_\_\_\_  
 Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ am/pm Airline: \_\_\_\_\_ Flight No. \_\_\_\_\_  
 Car: \_\_\_\_\_ Charter Bus: \_\_\_\_\_ Other: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Approx. Arrival Time: \_\_\_\_\_ am/pm

**To assist in preparing a profile of attendance and to gather data for evaluation, please give the following information:**

<input type="checkbox"/> <b>Voting Delegate</b>	<b>Age</b>	<input type="checkbox"/> <b>Female</b>	<b>Special Needs</b>	<b>Language Translation</b>
<input type="checkbox"/> First Time Attendee	<input type="checkbox"/> 13-17	<input type="checkbox"/> Male	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Spanish
<input type="checkbox"/> Women's Division Director	<input type="checkbox"/> 18-25	<input type="checkbox"/> Bishop	<input type="checkbox"/> Wheelchair space	<input type="checkbox"/> Korean
<input type="checkbox"/> Women's Division Staff	<input type="checkbox"/> 26-46	<input type="checkbox"/> Clergy	<input type="checkbox"/> Other	<input type="checkbox"/> Creole
<input type="checkbox"/> Missionary ( <input type="checkbox"/> Active)	<input type="checkbox"/> 47-69	<input type="checkbox"/> Laity		<input type="checkbox"/> Other
<input type="checkbox"/> Deaconess ( <input type="checkbox"/> Active)	<input type="checkbox"/> 70 & Over			
<input type="checkbox"/> Nominee				

**Emergency Contact:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Special Dietary Needs:** \_\_\_\_\_

**Refund Policy:** Request must be in writing to registrar. 50% refund until **May 1, 2012.**  
 Substitution will be allowed.

<b>Registration Fee Summary</b>	
<b>Registration Fee</b>	<b>\$150.00</b>
<b>Late Reg. Fee (After April 16, 2012)</b>	<b>175.00</b>
<b>Banquet Fee: (Those not registered)</b>	<b>50.00</b>
<b>Quartet Concert (Those not registered, Seating is limited for concert)</b>	<b>10.00</b>
<b>TOTAL AMOUNT ENCLOSED:</b>	_____

**No refund after May 1, 2012.**

**HOTEL POLICY: NO SMOKING ALLOWED IN ANY ROOMS!!!!**

**OFFICE USE ONLY**  
 Date: \_\_\_\_\_  
 Reg. No.: \_\_\_\_\_  
 Check No.: \_\_\_\_\_  
 Amount: \_\_\_\_\_