

October 22-24, 2009

REGISTRATION WORKSHEET

Please provide your information:

Name

Title: Mr. Mrs. Ms.

First Name: _____ Middle Name: _____

Last Name: _____ Badge Name: _____

Address

Address type: Work Home School

Street Address: _____ PO Box: _____

City: _____ State: _____ Zip code: _____

Day phone: _____ Evening phone: _____

Email: _____ Fax: _____

Please tell us who to contact in case of an emergency:

Name: _____ Relationship: _____

Contact numbers: _____

Please select a registration option:

CONFERENCE PARTICIPANT

On or after September 15th, 2009

- Regular Registration Fee\$275 Includes conference and all 6 meals during the conference
- Commuter – Friday\$70 Includes lunch
- Commuter – Opening Session\$70 Includes Friday lunch and Friday
- Commuter – Opening Session\$70 Includes Saturday lunch and Saturday
- Commuter – Opening Session Only ...\$0
- Commuter – Saturday only\$70 Includes lunch
- Mission Network Member.....\$0 Will not attend conference

STAFF

- Exhibitor\$200 Includes conference and all 6 meals during the conference
- Workshop Leader\$200 Includes conference and all 6 meals during the conference
- Planning Team Member\$200 Includes conference and all 6 meals during the conference
- Workshop Leader (visitor)\$0 no meals
- GAMC or OGA Staff
(conference only)\$200 Includes conference and all 6 meals during the conference
- GAMC or OGA Staff
(Mission Network Meeting).....\$275 Includes conference and all 6 meals during the conference

Please identify any special needs that will make your time with us more comfortable (i.e. dietary needs, handicap accessibility, etc.). Please comment, below.

- Food allergies (please specify below)

- Vegetarian meals
- Accessibility
- Diabetic
- Other

Additional comments:

Please select ONE mission network meeting, if applicable.

Various times Tuesday, Wednesday and Thursday. Write the **code** here: _____

Write the **cost** here: _____

Please select ONE workshop for each session. Write the code in the appropriate space.

SESSION 1: Friday, October 23, 2009 from 10:15 am to 11:45 am _____

SESSION 2: Friday, October 23, 2009 from 3:15 pm to 4:45 pm _____

Please select ONE evening gathering, if applicable. Write the code in the appropriate space.

Evening Gatherings: Friday, October 23, 2009 from 8:00-9:30 pm _____

Please select ONE workshop for each session. Write the code in the appropriate space.

SESSION 3: Saturday, October 24, 2009 from 10:30 am to 12:00 pm _____

Please answer the following questions:

What is the name of your home Presbytery? _____

What is the name of your home Church? _____

What is your current mission involvement? _____

What instruments do you play? _____

Are you willing to bring that instrument? Yes No

Are you willing to volunteer as an usher? Yes No

Are you willing to volunteer as a global partner buddy (to assist her/him as needed)? Yes No

Are you willing to serve communion? Yes No

Mark those that apply:

Ordination

- Deacon
- Elder
- Minister of the Word and Sacraments

Ethnicity

- White, non-Hispanic
- Black, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Native Alaskan
- Other: _____

Please select an age group:

- 13-17
- 18-20
- 21-30
- 31-50
- 51-70
- 71-100

Total cost (registration and – if applicable – mission network meeting): _____

Please register online at <http://www.pcusa.org/missioncelebration>.

To pay by mail, please return this form with a check payable to **PCUSA** for the full registration fee you marked on the first page of this form. Write "Special Event #09011" in the memo field.

Send your registration form and check to

PC(USA) Mission Celebration
Special Events #09011
PO Box 643765
Pittsburgh, PA 15264-3765

For more information, contact Lis Valle, missioncelebration@pcusa.org or 1-888-728-7228, ext. 5729