

ALABAMA-WEST FLORIDA CONFERENCE UNITED METHODIST WOMEN

GENERAL REGISTRATION FORM
2017 SPIRITUAL ENRICHMENT RETREAT



OCTOBER 20-22, 2017

EVENT
 DATE
 LOCATION

BLUE LAKE UNITED METHODIST ASSEMBLY GROUNDS

REGISTRATION DEADLINE

10/6/17

(A \$10 Late Fee will apply to all registrations)

SCHEDULE	DATE	TIME	LOCATION	Note: Breaks will be called but not listed
CHECK-IN	Fri 10/20/17	3:00 PM	Oakwood Solarium	Check-In located in Solarium
DINNER	Fri 10/20/17	5:30 PM	Dining Hall	Friday & Saturday Dinner is at 5:30PM
PROGRAM	Fri 10/20/17	7:00PM	Chapel	Speaker, Rev. Dr. Laura Early, <i>Faith</i>
Focus Groups	Fri 10/20/17	8:30PM	Prayer Room	"What happens when women pray"
Breakfast	Sat 10/21/17	7:30AM	Dining Hall	Saturday & Sunday Breakfast is at 7:30AM
PROGRAM	Sat 10/21/17	9:00AM	Chapel	Business Session, 2018 Conference Officers Elections/installations; other business
PROGRAM	Sat 10/21/17	10:30AM AND 7:00PM		Speaker, Rev. Dr. Laura Early, <i>Faith</i>
LUNCH	Sat & Sun	Noon		All Meals in Dining Hall
Focus Groups	Sat 10/21/17	1:00PM-5:00PM		sign up for focus groups in Solarium at check-in
PROGRAM	Sun 10/22/17	8:30AM AND 10:30AM		Speaker, Rev. Dr. Laura Early, <i>Faith</i> AND Communion

All Participants MUST Register, even for 1 day. One *Health Form* must be submitted per calendar year. If you have sent one in, please check the box to the right.

Name _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ District _____ Local Unit/Church _____

FIRST TIME TO this Alabama West Florida Conference United Methodist Event

LODGING	Occupancy	Per Person	Roommate Name (Please confirm with roommate & try to mail together)	Enclosed Total
LINWOOD * Single rooms are limited; therefore all request may not be honored.				
# NIGHTS	TYPE	PER NIGHT		
	Double	\$ 36.00		\$
	Single *	\$ 58.50	No roommate	\$
CENTER SECTION				
	Triple	\$ 21.00		\$
	Double	\$ 28.00		\$
	Single *	\$ 48.50	No roommate	\$
COMMUTER - NO LODGING <i>Check Here</i>				
MEALS - please enter the number of meals per type (2 max each meal)				
Enter # BREAKFAST to be eaten		# x Cost	Breakfast	\$6.75 \$
Enter # LUNCHES to be eaten		# x Cost	Lunch	\$8.25 \$
Enter # DINNER to be eaten		# x Cost	Dinner	\$8.75 \$
Registration & Facility Fee - ALL MUST PAY THIS PART (if just commuting and not eating this would be your only price). All others please add.				\$ 15.00
If postmarked after the due date, add \$10, even Commuters			LATE FEE	\$
TOTAL DUE				\$

Make all checks payable to AWF-UMW

Mail to: Jean Creswell, Conference Treasurer
 PO Box 250
 Arlington, AL 36722

jean@pinebelt.net
 334-385-2521 (after 5:00 p.m./weekends)
 334-385-5015 (work day)

Special Needs (dietary or physical):

Please notify Cathy Givan, Conference Secretary, 1398 East Cotton Rd, Eclectic, AL 36024 / 334-541-3163 / cathy3163@hotmail.com of any special needs or requirements; *Gluten Free is not option*

II. FINANCIAL POLICIES

C. Travel Expenses

- 1 **Mileage for Conference & District Officers to conference events shall be paid at an amount determined annually by the Committee on Finance.**
 - a. **Car travel of district officers: the conference will pay for a maximum of 4 cars per district to attend a conference event. The cars are to filled first with district officers and then with local women. If a person does not return home after the meeting, one way trip to the event location will be paid.**
 - b. Car travel of conference executive committee members: the conference will pay car travel mileage at the established rate to attend conference United Methodist Women meetings and other conference events.

J. Expenses for Special Meetings Attended by Officers

- 1 Members of the Conference Executive Committee shall present to the Committee on Finance requests to attend unbudgeted meetings held in connection with their officer responsibility.
- 2 The conference president may, upon invitation, represent the conference at Annual Meeting of the United Methodist Women, Inc.
- 3 The conference president, or designated representative, is authorized to attend, at conference expense, any meeting of Annual Conference boards, commissions, and committees of which she is a member, or any meeting to which she may contribute or from which she may receive information pertinent to United Methodist Women.
- 4 **The conference shall pay the expenses of all conference and district officers, officers elect, and chairpersons at:**
 - a. **Conference sponsored meetings of the Conference Executive Committee, standing committees, or called meetings of the conference.**
 - b. Meetings when designated to represent the conference and expenses are not otherwise provided.
 - c. All travel, food and lodging expenses of each of the six voting delegates to Southeastern Jurisdiction Quadrennial Meeting shall be paid for by the conference.
- 5 Conference officers may submit an estimate of expenses for authorized trips and draw money in advance. Estimates must be submitted in time for approval by the president and secretary.
- 6 **Lodging expenses will be paid for district officers who do not have first night meeting responsibilities when they carpool with conference officers, if the first night expense is more cost effective than individual mileage.**

ALABAMA WEST FLORIDA CONFERENCE UNITED METHODIST WOMEN HEALTH FORM

For the Calendar Year

Authorization for Emergency Medical Treatment Form

Name	DOB	
Home Phone	Work #	Cell #
Physician's Name	Phone #	
Health Insurance Company	Policy #	Group #

Allergies to medications:

Other Allergies (food, animals)

Conditions that treating personnel might need to be aware of:

In the event emergency medical aid/treatment is required due to illness or injury during my stay at a UMW event, I authorize ALWF UMW to:

Name	Relation	Phone #	Alt. Phone #
Name	Relation	Phone #	Alt. Phone #

PLEASE CHECK ONE OF THE BELOW PLANS

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during my stay at a UMW event, I authorize ALWF UMW to:

1. Secure and retain medical treatment and transportation if needed.
2. Release my health information to the authorized individual or agency involved in the medical emergency treatment.
3. I hold harmless the AL-WFL Conference United Methodist Women, the ALWF Conference, The United Methodist Church and/or the owners of the facility for which the event is taking place for any act or failure to act during a medical emergency.

Non-Consent Plan

I DO NOT give my consent for emergency medical treatment/aid in the cases of illness or injury. In the event emergency treatment/aid is required, I wish the following procedures to take place:

I hold harmless the AL-WFL Conference United Methodist Women, the ALWF Conference, The United Methodist Church and/or the owners of the facility for which the event is taking place for any act or failure to act during a medical emergency.

Your Consent Signature	Date
Witness Signature	Date