

ALABAMA-WEST FLORIDA CONFERENCE UNITED METHODIST WOMEN

REGISTRATION FORM

2018 ANNUAL DAY

FEBRUARY 23-24, 2018

FOLEY UNITED METHODIST CHURCH

915 N Pine St. Foley, AL 36535

EVENT

DATE

LOCATION

REGISTRATION DEADLINE

02/09/18

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

Section A HEALTH FORM

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.

Section B NAME - ADDRESS INFO

Name as to appear on Name Tag _____ Email (Please PRINT) _____

Address _____ City _____ State _____ Zip _____

Phone _____ District _____ Local Unit/Church _____

FIRST TIME TO Alabama West Florida Conference United Methodist Event

SECTION C DISTRICT & CONFERENCE OFFICERS - ONLY

All District and Conference Officers only pay Registration Fee, but please indicate if you are eating the meals on Friday and Saturday in Section E below.

District Office _____ DISTRICT _____

Conference Office _____

SECTION D LODGING

All attendees are responsible for reserving their own rooms at a local hotel/motel and acquiring roommates. Please tell them you are with the United Methodist Women to get their special discount. ALL ROOM RESERVATIONS MUST BE MADE BY DATE TO GET RATE

Suggested Motels/Hotels	Room Size	Rate	Phone #	Reserve By	Address
Hampton Inn		\$ 129.00	251-923-4600	2/1/2018	3152 Abbey Lane, Foley 36535
Holiday Inn Express		\$ 99.00	251-971-1700	1/2/2018	3155 Abbey Lane, Foley 36535

SECTION E MEALS & REGISTRATION COSTS

<i>To get accurate Meal count, please indicate by putting 1 or 0 in the # Column Below</i>		#	COST	Enclosed Total
1	Friday includes Dinner		\$ 10.00	\$ -
2	Saturday Includes Lunch		\$ 8.50	\$ -
3	Registration Fee	All must pay this		\$ 15.00
4	Late Fee		\$10.00	
TOTAL OWED & ENCLOSED			Please add all 1+2+3	\$ 15.00

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): _____

ALABAMA-WEST FLORIDA CONFERENCE UNITED METHODIST WOMEN
DRAFT SCHEDULE

EVENT

2018 ANNUAL DAY

DATE

FEBRUARY 23-24, 2018

LOCATION

**FOLEY UNITED METHODIST CHURCH
 915 N Pine St. Foley, AL 36535**

SCHEDULE	DATE	TIME	
CHECK-IN	Friday 23	4:00 PM	Spirit Center includes Resource Room, District info tables
DINNER		5:30 PM	
PROGRAM	<i>Hope</i>	7:00 PM	Welcome and Praise
			Shannon Priddy, President National UMW
CHECK-IN	Saturday 24	8:00 AM	Sanctuary
		8:30 AM	Processional of Districts / Welcome
PROGRAM			Bishop's Address
			Communion
			Business Session
	<i>Hope</i>		Shannon Priddy, President National UMW
LUNCH		Noon	in the Spirit Center
Sanctuary		1:00 PM	United Methodist Women Memorial
			Adjourn

INSTRUCTIONS All Attendees must fill out a Registration Form

- 1 All attendees are responsible for getting their motel/hotel rooms
- 2 **ONLY** District and Conference Officers must turn in a completed Expense Voucher for the Motel/Hotel Room with a copy of the receipt attached. The maximum allotment for the motel reimbursement and meals is \$55. No reimbursements will be made unless a copy of the receipt from the Motel is attached.
- 3 Please complete and attach a Health Form. All prior year forms have been destroyed. Only one per year is required.

ALABAMA WEST FLORIDA CONFERENCE UNITED METHODIST WOMEN HEALTH FORM

For the Calendar Year 2018

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 contact:

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.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Your Consent Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Witness Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date