



October 21-23 AMEC Conference 2016

Registration (Please Print)

Name(s)

If youth or children are coming along, please list their names and age:

Note: Special youth activities are being arranged for Saturday
(Child care may be arranged during sessions as needed)

Your Address:

City: _____

State/Province: _____ Zip Code: _____

Phone contact(s): _____

E-mail contact(s): _____

Congregation: _____

Location of church: _____

Are you a delegate from your church? _____

Meals (number of persons)

Friday Evening: _____ **Saturday Lunch:** _____

Saturday Supper: _____ **Sunday Lunch:** _____

Lodging

Indicate your preference:

_____ in a local motel _____ in a private home

for **Friday Night** _____ for **Saturday Night** _____

Transportation:

Do you need transportation from the airport? _____ If so

list times of times of arrival and departure:

Registration Fee: is per household (not per individual)

\$15 Prior to September 30; **\$25** after October 1

Send check made out to *AMEC Alliance* to **P O Box 424 Bally PA 19503**



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