

Registration Form
Annual Conference Session —June 10-13, 2010 (or register at www.inumc.org)
Please print

1. Everyone must fill out Section A
2. Fill out Section B if you need a free parking permit, good for parking in yellow, green, blue, purple parking lots and in the Student Center parking garage.
3. Fill out section C to indicate disability needs.
4. Fill out Section D to place DVD orders.
5. Fill out Section E to sign-up for the Clergy Spouses' Gathering.
6. Fill out Section F to sign-up for Saturday's Community Outreach.
7. Fill out Section G for your optional meal reservations. Indicate how many persons for each meal and then total the amount. See special instructions for ordering vegetarian meals.
8. Everyone fill out Section H with total dollar amount for each section.
9. Mail entire registration form, with payment, to Indiana Conference Center, 301 Pennsylvania Parkway, Suite 300, Indianapolis IN 46280.

A. Conference Registration—\$25.00 per voting member

Name _____

Name of Spouse (if attending) _____

Mailing Address _____ E-mail address _____

City _____ State _____ Zip _____ Telephone _____

Local Church _____ District _____

The Annual Conference Monitoring Team would like your cooperation in answering the following:

Male _____ Female _____ Youth _____ Young Adult _____ Middle Age _____ Older Adult _____

Ethnicity _____

Please check one: _____ Voting Clergy Member _____ Voting Diaconal Minister/Deaconess
 _____ Voting Lay Member
 _____ Alternate replacing _____
 _____ Guest (Non-Voting Lay, Non-Voting Clergy, Clergy Spouse, etc.)

In case of an emergency, if you are not staying in dorm housing, please indicate where you will be staying during Annual Conference.

Name of Hotel _____ Phone Number _____

Other _____ Contact Phone Number _____

B. Parking Permit Information

Parking permits are issued free of charge for designated blue, yellow and green lots. Parking is limited close to Emens Auditorium but there is ample space in the lots behind the Student Center and in the Arena parking lot.

_____ I would like a FREE parking permit; good in the blue, yellow and green lots and the Student Center parking garage.

C. Disability Accessibility

_____ I will need seating in a wheelchair accessible area.

_____ I will need an assistive listening device.

D. DVD Orders

Each DVD is \$20.00. Please indicate the number you wish to purchase.

_____ Bishop Robert Schnase
 _____ Remembrance and Resurrection Service
 _____ Ordination Service

X	_____ # of DVD's	
	\$20.00	
=	_____ TOTAL	
(Transfer Section D total to Payment form Section H)		

E. Clergy Spouses' Gathering

_____ My spouse will be attending Thursday night's Clergy Spouse Gathering.

F. Community Outreach

The \$20.00 per person fee includes lunch, t-shirt (M, L, XL) and transportation expenses. Leftover monies will be given to local charities. Indicate your t-shirt size and first three choices of Outreach projects. Choose from the following project categories: *Prayer Walking, Local Missions, Construction/Repair, Food Collection, Nursing Home Visits, Sit down projects or Neighborhood Clean-up.* Every effort will be made to place you in your first preference but spots are limited.

_____ I will be participating in Saturday's Community Outreach.	T-Shirt Size _____	Project preference (1) _____ (2) _____ (3) _____
_____ My spouse will be participating in Saturday's Community Outreach.	T-Shirt Size _____	(1) _____ (2) _____ (3) _____

_____ I won't be able to participate but would like to give a scholarship donation to help someone participate. Amount _____

X	_____ # participating	
	\$20.00	
+	_____ scholarship donation	
=	TOTAL	
(Transfer Section F total to Payment form Section H)		

G. Optional Meal Reservations

Indicate you would like a vegetarian meal by writing VEGAN next to the meal of your choice. Please register for meals using this form.

<u>Thursday, June 10</u>	<u>Quantity</u>	<u>Cost per person</u>	<u>Total</u>
<i>Luncheon, 12:00 noon</i>			
Associated Mennonite Biblical Seminary Alumni	_____	\$14.00	_____
District Superintendents Past and Present	_____	\$17.00	_____
District Superintendents' Spouses—Past and Present	_____	\$14.75	_____
Health Ministries/Parish Nursing	_____	\$13.50	_____
Metro Ministries, Inc.—Central District	_____	\$15.25	_____
Native American Ministries	_____	\$16.00	_____
Spiritual Formation	_____	\$14.50	_____
United Theological Seminary Alumni	_____	\$14.75	_____
 <i>Dinner, 5:00 p.m.</i>			
United Methodist Women	_____	\$13.50	_____
Youth, Young Adult and Campus Ministry	_____	\$16.50	_____
 Laity Ice Cream Social (after Laity Session)	_____	 \$3.00	_____
 <u>Friday, June 11</u>			
<i>Breakfast, 7:00 a.m.</i>			
Christian Educators	_____	\$9.75	_____
Garrett-Evangelical Theological Seminary Alumni	_____	\$5.00	_____
Operation Classroom	_____	\$9.75	_____
Women in Ministry (COSROW)	_____	\$12.75	_____
 <i>Lunch, 12:30 p.m.</i>			
Asbury Theological Seminary Alumni & Friends	_____	\$15.25	_____
Fellowship of Local Pastors and Associate Members	_____	\$13.25	_____
IMPACT 2818 Outdoor Ministries	_____	\$17.00	_____
Methodist Theological School in Ohio Alumni	_____	\$13.25	_____
Mission Resource Team	_____	\$15.25	_____
Retired Pastors, Diaconals & Spouses	_____	\$5.00	_____
 <i>Dinner, 5:15 p.m.</i>			
BMCR & BUMP	_____	\$17.00	_____
Confessing Movement & Evangelical Fellowship	_____	\$17.50	_____
Guatemala Mission	_____	\$15.00	_____
 <u>Saturday, June 12</u>			
<i>Breakfast, 7:00 a.m.</i>			
Friends of Africa University	_____	\$7.00	_____
South and Southeast Districts	_____	\$12.75	_____
United Methodist Men	_____	\$12.75	_____
 <i>Dinner, 5:30 p.m.</i>			
Extension Ministries	_____	\$19.00	_____
RMC-IC—Reconciling Ministry Community—Indiana Conference	_____	\$16.50	_____

\$ _____ (TOTAL SECTION G) Transfer Section G total to Payment Form (Section H)
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H. 2010 Annual Conference Payment Form

Please transfer the amounts from Sections A, D, F and G and indicate payment preference.

Section A	Registration Fee	=	\$ 25.00
Section D	Total for DVD Orders	=	\$ _____
Section F	Total for Community Outreach	=	\$ _____
Section G	Total for Meals	=	\$ _____
GRAND TOTAL		=	\$ _____

Method of Payment:

_____ Personal check (payable to "Indiana Conference") Check number: _____

_____ VISA _____ MasterCard _____ Discover Amount Charged _____

Card # _____ Expiration Date _____ Authorized Signature _____

Complete and mail entire Registration Form, with payment, by May 29 to:

**Indiana Conference Center,
301 Pennsylvania Parkway, Suite 300, Indianapolis IN 46280**

Call the Conference Center at 877-781-6706 if you have any questions.