

**WYOMING ANNUAL CONFERENCE 2008 REGISTRATION FORM**

**REGISTRATION DEADLINE: May 16, 2008**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Church: \_\_\_\_\_ District: \_\_\_\_\_

Male  Female  
 Home Phone: \_\_\_\_\_

Make checks payable to "Wyoming Annual Conference"					Totals
Registration Fee: Lay Members & Clergy- \$50; *Youth- \$10; Guests- none					
Non-appointed retirees- \$25		<b>Thur</b>	<b>Fri</b>	<b>Sat</b>	
*Overnight	\$23.00				
Air-conditioning	\$3.00				
Private Room	\$5.00				
*Breakfast	\$5.40				
*Lunch	\$6.75				
*Supper	\$9.35				
<b>Total Amount Enclosed:</b>					

Check one  
 Clergy-Full Member  Lay Member  
 Clergy- Other  Lay Supply  
 Youth  Guest  
 Other: \_\_\_\_\_

Preferred Roommate: \_\_\_\_\_  
 Check here if this is your first time at annual conference  
 Check here if you have health concerns, ambulatory needs or other information on the back of this form.  
 I need child care (see note on back.)

+See pre-conference cover letter  
 \*Cost waived for clergy, lay members, voting youth and one youth representative per charge.

Make checks payable to "Wyoming Annual Conference"  
**REGISTRATION DEADLINE: MAY 16.** Send Registration form and payment to:  
 Registrar Rev. Robert J. Herrala, 6 Division St., Mountain Top PA 18707  
 Include a \$15 late fee for registrations postmarked after May 16, 2008.

Contact the Registrar ([umcprime@verizon.net](mailto:umcprime@verizon.net) ; 570-474-6060) if you need housing on Wednesday or Saturday night.

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*Spirituality in Practice* workshop choices:

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I have the following health concerns:

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I have the following ambulatory needs:

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Child Care/Other:

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Child Care/Other:

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