

FWCC ANNUAL MEETING ◇ April 3-6, 2008 ◇ Morgantown, Indiana

Registration Deadline – March 10, 2008

Cancellation Policy: Any cancellation received after March 24th, 2008 will result in a \$100 cancellation fee

ONLINE REGISTRATION AVAILABLE AT www.fwccamericas.org

PERSONAL INFORMATION (one form per person)

Name _____

Address _____

City _____

State _____ Zip _____ Country _____

Daytime phone: () _____

E-mail _____

Yearly Meeting _____

Person to notify in case of emergency:

Name: _____

Phone: _____

TRAVEL PLANS

I will arrive in Indiana by:

car air train bus

If driving:

Approximate arrival time/date _____

Train arriving at Indianapolis Station/AMTRAK or

Bus arriving at Indianapolis Bus Terminal

Arrival date/time _____

Departure date/time _____

Flight Arrival Information

Arrival Date _____ Time _____

Airline Name _____

Flight # _____ Airport _____

Flight Departure Information

Departure Date _____ Time _____

Airline Name _____

Flight # _____ Airport _____

SPECIAL NEEDS

I have the following special needs:

Dietary: Vegetarian Vegan

Other, please specify: _____

Allergies _____

Anything else we should know _____

OTHER INFORMATION

This is my first Annual Meeting: Yes No

_____ **I am willing to volunteer** at Annual Meeting by helping out as needed.

I wish to reserve display space (no charge)

half table whole table

Name of organization _____

Documents in advance

Do not mail them, I will get them off FWCC website

Please send me a hard copy of all documents

Are you able to

Speak Spanish? _____ Level of proficiency _____

Read/write Spanish? _____ Level _____

Do you have interpreting and/or translation skills? _____

_____ Please assign me to a Spanish-language worship group. *Note: no interpretation provided.*

WORSHIP AT ANNUAL MEETING

Can you suggest the name of a Friend(s) planning to attend annual meeting who you recommend as a leader of a small worship group? Name(s) _____

PAYMENT INFORMATION

Make checks payable to: **2008 FWCC Annual Meeting**

Mail to: **The Conference Managers, TCM**

P.O. Box 7276

Bismarck, ND 58507-7276

Phone/Fax: 1-888-310-8900

E-mail: **ConfMgrs@aol.com**

BOOKING YOUR TRAVEL

Please plan to fly into the **Indianapolis International Airport (IND)**.

FWCC uses Ridgeway Travel in Lancaster, PA for booking some of our flights, and have found them very helpful. You can reach them at (800) 233-0032 from within the US; (717) 393-7000 from outside the US; fax (717) 394-7408 Email: ridgeway@ridgeway.com.

Amtrak Rail's Indianapolis Station is located in downtown Indianapolis. Greyhound bus lines also provide service to Indianapolis and share the terminal with Amtrak. Arrangements are in process to facilitate transportation to the conference site for those arriving by train or bus.

EXCURSION INTEREST

I am interested in participating in these excursions prior to or after the Annual Meeting: (see information sheet for details)

_____ ESR Willson Lectures

_____ Friends Historical tour in Southern Indiana

_____ Greenfire Farm sustainable community

_____ Self guided tours in the area

Name: _____

REGISTRATION FORM FWCC Section of the Americas

ANNUAL MEETING 2008

Morgantown IN

Please use one form per person

April 3-6, 2008

Step 1: LODGING AND MEALS - Select rooming options and number of nights

Note: rates are PER PERSON, In US Dollars.

Option 1: Conference Center. Two people per room with two twin beds, private bath. All meals. Linens included.

Select nights:

Tuesday \$60 Wednesday \$60 Thursday \$60 Friday \$80 Saturday \$80 Sunday \$80

Total nights _____ Total \$ _____

____ Please assign me a roommate

____ I will share my room with _____ (confirm before listing name)

Single rooms available only in Conference Center. *Single room availability is limited*

Select nights:

Tuesday \$80 Wednesday \$80 Thursday \$80 Friday \$100 Saturday \$100 Sunday \$80

Total nights _____ Total \$ _____

Subtotal \$ _____

Option 2: Main House/Sleeping Wing Multiple-bed rooms for 4-6 people each. Twin beds. Shared bathrooms. All meals. Bring your own linens, or rent linens.

Select nights:

Tuesday \$46 Wednesday \$46 Thursday \$46 Friday \$66 Saturday \$66 Sunday \$46

Total nights _____ Total \$ _____

____ Please assign my roommates

____ I will share my room with _____
_____ (list as many names as you wish, up to 5; confirm before listing names)

____ I will bring my own linens (twin sheets, pillow, blanket, towels)

____ I wish to rent linens @ \$13.00 total

Subtotal \$ _____

Option 3: Cabins Each cabin holds 5 twin bunk beds. Only 5 people will be assigned per cabin unless you indicate that you are willing to use a top bunk. Separate bathroom/shower facility for cabins, located outside but very close to cabins. All meals. Bring your own linens or rent linens.

Select nights:

Tuesday \$25 Wednesday \$25 Thursday \$25 Friday \$35 Saturday \$35 Sunday \$25

____ Please assign my roommates

____ I will share my room with _____
_____ (list as many names as you wish, up to 4; confirm before listing names)

____ I will bring my own linens (twin sheets, pillow, blanket, towels)

____ I wish to rent linens @ \$13.00 total

____ I am willing to sleep in a top bunk

Subtotal \$ _____

Step 2: CONFERENCE FEE

Fee to participate in the conference, per person before March 10 th	\$ 100
Fee if paid after March 10 th	\$ 130

Subtotal \$ _____

Step 3: BUS TRANSPORTATION

Round trip between Indianapolis Airport and Waycross Camp

Round trip cost \$30 per person

___ I need transportation. Please sign me up. I will provide my flight information no later than March 24th.

___ I do not need FWCC to provide transportation for me between the airport and Waycross Camp

Subtotal \$ _____

Step 4: CALCULATE COSTS OF ROOM & MEALS & CONFERENCE

Step 1 - Package price \$ _____

Linen rental \$ _____

Step 2 – Conference cost \$ _____

Step 3 – transportation between airport and meeting \$ _____

Freewill contribution to support travel for Latin American reps to annual meeting \$ _____

Total Cost: \$ _____

Step 4: PAYMENT INFORMATION

Select Payment option:

Check Amount: \$ _____

Credit Card Please charge my credit card this amount: \$ _____

___ Visa ___ Mastercard

Number: _____ Expiration Date: _____

Signature _____

Cancellation Policy: All cancellations must be confirmed in writing. A \$100 fee will be charged if you cancel after March 24th, 2008.

DAY PARTICIPANTS

Commuter rates

Waycross Camp charges a fee for all who come to the camp, regardless of length of stay.

Step 1: MEALS

Full or partial day; three meals included

Select days:

Wednesday \$25 Thursday \$25 Friday \$35 Saturday \$35 Sunday \$25

Total days _____ total cost \$ _____

Subtotal \$ _____

Step 2: CONFERENCE COST

Registration for the full event (Thursday – Sunday) \$ 100

Registration per day \$ 30

___ Thursday ___ Friday ___ Saturday

Subtotal \$ _____

Step 3: CALCULATE COSTS OF MEALS & CONFERENCE

Step 1 – Meals \$ _____

Step 2 – Conference cost \$ _____

Freewill contribution to support travel for Latin American reps to annual meeting \$ _____

Total Cost: \$ _____

Step 4: PAYMENT INFORMATION

Select Payment option:

Check Amount: \$ _____

Credit Card Please charge my credit card this amount: \$ _____
___ Visa ___ Mastercard

Number: _____ Expiration Date: _____

Signature _____