

FWCC ANNUAL MEETING ◇ **March 18-21, 2010** ◇ **Reisterstown, MD**

Registration Deadline – February 22, 2010

Cancellation Policy: No refunds for cancellations received after March 1, 2010

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 by:

car air train bus

If driving:

Approximate arrival time/date _____

Train arriving at Baltimore Penn Station (AMTRAK) **or**

Bus name of station: _____

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 _____

I need a room within minimal walking distance of sessions

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: **2010 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 fly into the **Baltimore-Washington International Airport (BWI)**.

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**.

REGISTRATION FORM

Name: _____

FWCC Section of the Americas

ANNUAL MEETING 2010, Reisterstown, MD

March 18-21, 2010

OVERNIGHT PARTICIPANTS

1. Select room and meal package from list of options on next page. Package price \$ _____

2. Conference Fee
Full participants \$185 if registered by February 22; \$215 after Feb 22
Conference Fee \$ _____

3. Freewill contribution to support financial assistance for participants in need Contribution \$ _____

Add 1-3 for total amount due: TOTAL \$ _____

DAY PARTICIPANTS

1. Daily rate Thursday through Saturday \$55 per person. Includes lunch, dinner, snacks and coffee/tea. Sunday rate \$30, includes Lunch.

Check days:
___ Thursday ___ Friday ___ Saturday ___ Sunday
Total \$ _____

2. Conference Fee
Indicate days. Fee: \$65 per day Thursday through Saturday, \$30 Sunday or \$185 for full participants (Thursday-Sunday)
___ Thursday ___ Friday ___ Saturday ___ Sunday
Conference fees \$ _____

3. Freewill contribution to support financial assistance for participants in need Contribution \$ _____

Add 1-3 for total amount due: TOTAL \$ _____

KEYNOTE SPEAKER/LOCAL FRIENDS PROGRAM ONLY Check the evening-only presentations you plan to come to. No charge to attend; donations to FWCC accepted at the door. Or, come early for dinner (\$30). Deadline to sign up for meal: March 1, 2010

___ Friday, March 18, 7:00 pm: Keynote address by Deborah Seuss
___ Saturday, March 19, 7:00 pm: Local Friends program
___ Friday dinner, 5:30 pm, \$30
___ Saturday dinner, 5:30 pm, \$30
Total \$ _____

PAYMENT INFORMATION

Select Payment option:

Check Amount: \$ _____
 Credit Card Please charge my credit card this amount: \$ _____
___ Visa ___ MasterCard

Number: _____ Expiration Date: _____

Signature _____

Cancellation Policy: No refunds for cancellations received after March 1st, 2010

FWCC Section of the Americas Annual Meeting 2010 Pearlstone Conference & Retreat Center, Reisterstown, MD

Lodging & Meals package prices	Lodge <i>Each room has 2 beds & private bath; linens & towels included</i>	Dormitory-style wing <i>Bunk beds & twin beds in rooms of varying sizes. linens & towels included. Most have a shared bath; some have private bath</i>	Cabins <i>Bunk beds & twin beds in varying layouts. Bath located in each cabin.</i>
4 nights			
single	\$560	-	-
double (lodge) or multiple	420	380	380
3 nights			
single	420	-	-
Double (lodge) or multiple	315	285	285
2 nights			
single	280	-	-
Double (lodge) or multiple	210	190	190
1 night			
single	140	-	-
Double (lodge) or multiple	105	95	95

- Price includes room, 3 meals/day, linens; coffee/tea and snacks
- Handicap-accessible sleeping rooms available