

"DEAF MISSIONS SAN ANTONIO"
UNITED METHODIST CONGRESS OF THE DEAF
SOUTH CENTRAL JURISDICTION
SAN ANTONIO, TEXAS
OCTOBER 3-5, 2008

Name _____ DOB _____
Address _____
City _____ State _____ Zip Code _____
Contact phone _____ VOICE/TEXT/TDD
Email: _____ VP: _____

CONFERENCE FEES (Check each that applies):

_____ FULL CONFERENCE: (Includes Friday night dinner & entertainment, Saturday workshop w/lunch & snacks, Shuttle service, Sunday worship and membership dues: \$90.00.)

_____ Extra tickets for Friday night dinner & entertainment (\$5.00 each).
(Example: family members not attending Saturday workshop)

How many tickets? _____ Total: \$ _____

_____ Total payment. Payment is due by September 1, 2008. After 9-1-08, there will be a \$10 late fee.

Please make checks payable to NHUMC. Mail to:

UMCD-SCJ Conference Registrar:
Deaf Church @ Northern Hills
3703 N. Loop 1604 East
San Antonio, Texas 78247

Contact person: Debbie Carpenter
Dcarpenter11@satx.rr.com