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| **SEJUMCD Retreat**  **March 22-23, 2019**  **Epworth By The Sea** |  |

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**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: (\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Church Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone:** ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFERENCE FEES**

**Registration Fees** / Includes accommodation Double Occupancy, Friday dinner, Saturday Breakfast & Lunch, Sessions, and entrance to the Methodist Museum

**Please check appropriate registration fee:**

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Registration Fee  $10.00

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UMCD Membership Fee (optional)  $25.00

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Vegetarian meals required:  YES  NO

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Please list any other Special dietary requirement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT METHOD CASH**:  **CHECK**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Communication Needs:**

I will need an **American Sign Language** Interpreter

I will need a **Voice** Interpreter

I will need **Close Vision** Interpreter

I will need **Tactile** Interpreter