Registration Form
20th Synod of the Mid-Atlantic Summer Gathering
Thursday, June 12 – Sunday, June 15, 2008

One Form per Person
(*No phone or email registrations accepted.*)

Check # _____
Date Received:
_____
Amount _____
Room # _____
Payee_____

Please print or use address label.

Name: _____
First **Last**

Name to be displayed on Name tag: _____

Street Address: _____

_____
City **State** **Zip**

Home phone (area code and number): _____ **(Cell):** _____

Email address (to be used for confirmations): _____

Special Needs: _____

_____
(Physical, dietary needs, signing, etc.)

Church: _____ **Presbytery:** _____

*******REGISTRATIONS FOR ROOMMATES MUST BE MAILED TOGETHER TO INSURE YOUR HOUSING REQUEST******

Name of Roommate: _____

MEDICAL INFORMATION: As all of us who visit health care providers are aware, patient privacy is a concern for everyone. In order to protect your privacy, and care for you in case of emergency, our procedures have changed.

Please *bring with you*, in a sealed envelope with your name and Presbytery on the outside of it, the following information:
Your Health insurance policy with ID number, any Secondary insurance with ID number, a list of medical conditions and current medication(s). Upon arrival at the Summer Gathering, you may give your information to the Nurse or to your roommate, and take it back home with you at the end of the Gathering.

IN CASE OF ACCIDENT/MEDICAL EMERGENCY, CONTACT:

_____
Name **Relationship**

Telephone Numbers (area code and number):

Work: _____ **Home:** _____ **Cell:** _____

(Over. Both sides of the form must be completed.)

Registration Payments

Full-Time Registration	**Regular**	**Early Bird** (See * below)
3 nights, 8 meals, and Registration (Double room)	$350.00	$325.00
3 nights, 8 meals, and Registration (Single room)	$390.00	$365.00
Late fee (*if postmarked after May 1st*)	$ 15.00	

Total enclosed $_____

Part-Time Registration (Friday-Sunday, or Thursday-Saturday)

2 consecutive nights: (5 meals: 2 Dinners, 2 Breakfasts, 1 Lunch)		Early Bird (See * below)
Room, Board, Registration:	$245.00	$220.00
Circle which nights you will be attending.		
Thursday Friday Saturday		
Late fees (*if postmarked after May 1st*)	$ 15.00	

Total enclosed $_____

---

1 night: (3 meals: 1 Dinner, 1 Breakfast, 1 Lunch)	
Room, Board, Registration:	$120.00
Circle which night you will be attending.	
Thursday Friday Saturday	
Late fees (*if postmarked after May 1st*)	$ 15.00

Total enclosed $_____

Commuter Registration (Those not needing room arrangements at Massanetta)

Full event $170.00 **Early Bird: $150.00 (postmarked by March 1)**

(Thursday $40.00; Friday and/or Saturday $70.00 per day; Sunday worship free)

Circle days you will be attending and meals desired:

Thursday	Friday	Saturday	Sunday
	Breakfast	Breakfast	Breakfast
	Lunch	Lunch	
Dinner	Dinner	Dinner	

Daily registration(s);		$_____
Breakfast: #_____	X $7.25	$_____
Lunch: # _____	X $8.50	$_____
Dinner: #_____	X 11.00	$_____
Total enclosed		$_____

* "**Early Bird**" registrations must be postmarked by March 1.

Those desiring to stay at hotels off-site, please see hotels listed on back of Registration brochure.

Registration must be postmarked on or before May 15, 2008.

Note: NO REFUNDS AFTER May 23, 2008 **CANCELLATION CHARGE IS $15.00**

Workshop Registration

List 1 workshop in each time slot (from the Brochure)

Workshop A: _____
(Name of workshop)

Workshop B: _____
(Name of workshop)

Workshop C: _____
(Name of workshop)

Workshop D: _____
(Name of workshop)

Workshop E: _____
(Name of workshop)

Note: Choir is *2 sessions*; you must go to Choir at 1:30 on Friday and Saturday (Workshops B and E)

Make Checks payable to: Presbyterian Women/SMA SG

Mail form with payment to: ANNIE LEE PARSONS, *Treasurer*
830 WEAVER ROAD
GREEN BAY, VA 23942
434-392-7031