

2010 SWUUC SPRING CONFERENCE REGISTRATION FORM

- 1) Please print the names of those registering as you want them to appear on name tags.
- 2) Please indicate the number of your 1st choice for workshops for each session. Indicate any dietary or special needs.

Name	Session			Dietary Needs?		Special Needs/Allergies?
	A	B	C	Vegetarian	Vegan	Specify

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ E-mail address: _____

Home congregation: _____ Delegate to Annual Meeting? Yes ___ No ___

If yes, role or position in congregation _____

Lodging: Homewood Suites _____ Other/Commute _____ Home Hospitality* _____

* Home Hospitality (room only, no meals or transportation) is limited. Contact Deb Bliss at 972/867-6950 to check availability and make arrangements prior to registering. Deadline for requests is **3/23/2010**.

Check events you plan to attend: Friday evening ___ Saturday ___ Saturday evening ___ Sunday _____

Check which meals you plan to share with us: Fri. dinner ___ Sat. breakfast ___ Sat. lunch ___ Sat. dinner _____
Sun. breakfast _____

Need childcare? (See fees below)? Number of children? ___ Ages: _____

Check when childcare needed: Friday evening ___ Saturday ___ Saturday evening ___ Sunday morning (no charge)

REGISTRATION FEES (include programs, workshops and 4 meals. Additional cost for Friday night dinner and trip to 6th Floor Museum/or Nasher Sculpture Garden):

Adult early registration	_____ @ \$ 75 per registrant	= \$ _____
Youth early registration	_____ @ \$ 60 per registrant	= \$ _____
Adult registration after 3/23/10	_____ @ \$ 95 per registrant	= \$ _____
Youth early registration after 3/23/10	_____ @ \$ 80 per registrant	= \$ _____
Friday night dinner	_____ @ \$ 20 per registrant	= \$ _____
Trip to 6 th Floor Museum	_____ @ \$ 35 per registrant	= \$ _____
Trip to Nasher Sculpture Garden	_____ @ \$ 30 per registrant	= \$ _____
Childcare for 1 st child	_____ @ \$ 20	= \$ _____
Childcare for additional child/children	_____ @ \$ 5 per add'l child	= \$ _____
Total		= \$ _____

Please send completed forms with check payable to "SWUUC"

**Registrar
6720 Brentwood Stair Road
Fort Worth, Texas 76112**

Questions? E-mail springcom@communityuuchurch.org