

GROUP REGISTRATION FORM 2008

Please print this form, fill it in and fax it to (905) 336-8344

Please return before October 8

Name of church: _____

City/Town: _____

Your name: _____

Email address: _____

(to send confirmation that we received your registration)

Cheque enclosed: \$55 per person X _____ = \$ _____

(Note: \$65 per person after October 8)

(Student rate = \$40)

Instructions:

1. Please fill out the form below on behalf of your church. Fill in the above information first. Then fill in the name & phone number of each person along with their first, second and third choices.
2. Return it to us by email or by mail (before October 8th if possible).
3. Please make sure your diaconate has a representative registered for the Annual General Meeting!
4. Please send in payment for all names registered. Please mail your cheque along with this form. This will save time at registration on Saturday.

Send your completed form and payment to:

Diaconal Ministries

3475 Mainway Drive, PO Box 5070, STN LCD 1, Burlington, ON, L7R 3Y8

Phone (905) 336-2920

1. Name: _____		Phone Number: _____		
Deacon _____	Elder _____	Caregiver _____	Pastor _____	Other _____
Morning Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____	
Service Site/AGM	1 st choice _____	2 nd choice _____		
Afternoon Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____	

2. Name: _____		Phone Number: _____		
Deacon _____	Elder _____	Caregiver _____	Pastor _____	Other _____
Morning Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____	
Service Site/AGM	1 st choice _____	2 nd choice _____		
Afternoon Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____	

3. Name: _____		Phone Number: _____	
Deacon _____	Elder _____	Caregiver _____	Pastor _____ Other _____
Morning Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____
Service Site/AGM	1 st choice _____	2 nd choice _____	
Afternoon Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____

4. Name: _____		Phone Number: _____	
Deacon _____	Elder _____	Caregiver _____	Pastor _____ Other _____
Morning Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____
Service Site/AGM	1 st choice _____	2 nd choice _____	
Afternoon Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____

5. Name: _____		Phone Number: _____	
Deacon _____	Elder _____	Caregiver _____	Pastor _____ Other _____
Morning Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____
Service Site/AGM	1 st choice _____	2 nd choice _____	
Afternoon Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____

6. Name: _____		Phone Number: _____	
Deacon _____	Elder _____	Caregiver _____	Pastor _____ Other _____
Morning Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____
Service Site/AGM	1 st choice _____	2 nd choice _____	
Afternoon Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____

7. Name: _____		Phone Number: _____	
Deacon _____	Elder _____	Caregiver _____	Pastor _____ Other _____
Morning Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____
Service Site/AGM	1 st choice _____	2 nd choice _____	
Afternoon Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____

8. Name: _____		Phone Number: _____	
Deacon _____	Elder _____	Caregiver _____	Pastor _____ Other _____
Morning Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____
Service Site/AGM	1 st choice _____	2 nd choice _____	
Afternoon Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____

9. Name: _____		Phone Number: _____	
Deacon _____	Elder _____	Caregiver _____	Pastor _____ Other _____
Morning Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____
Service Site/AGM	1 st choice _____	2 nd choice _____	
Afternoon Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____

10. Name: _____		Phone Number: _____	
Deacon _____	Elder _____	Caregiver _____	Pastor _____ Other _____
Morning Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____
Service Site/AGM	1 st choice _____	2 nd choice _____	
Afternoon Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____

11. Name: _____		Phone Number: _____	
Deacon _____	Elder _____	Caregiver _____	Pastor _____ Other _____
Morning Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____
Service Site/AGM	1 st choice _____	2 nd choice _____	
Afternoon Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____

12. Name: _____		Phone Number: _____	
Deacon _____	Elder _____	Caregiver _____	Pastor _____ Other _____
Morning Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____
Service Site/AGM	1 st choice _____	2 nd choice _____	
Afternoon Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____

13. Name: _____		Phone Number: _____	
Deacon _____	Elder _____	Caregiver _____	Pastor _____ Other _____
Morning Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____
Service Site/AGM	1 st choice _____	2 nd choice _____	
Afternoon Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____

14. Name: _____		Phone Number: _____	
Deacon _____	Elder _____	Caregiver _____	Pastor _____ Other _____
Morning Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____
Service Site/AGM	1 st choice _____	2 nd choice _____	
Afternoon Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____

15. Name: _____		Phone Number: _____	
Deacon _____	Elder _____	Caregiver _____	Pastor _____ Other _____
Morning Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____
Service Site/AGM	1 st choice _____	2 nd choice _____	
Afternoon Workshop	1 st choice _____	2 nd choice _____	3 rd choice _____