

United Church of Christ New York Women

2010 Annual Conference

Thurs. April 29th 4:00 p.m. --- Sat. May 1st noon

Watson Homestead, Painted Post, N.Y. 14870 Office (607) 962-0541 public phone (607) 936-9691

“BUILDING THE BELOVED COMMUNITY....A FUTURE WITH HOPE”

Please complete the registration form and mail it with your check made out to, "UCCNY Women"

BEFORE MARCH 27TH and mail to Sue Frost, 282 Robinson St. Binghamton N.Y. 13904

Phone: 607-722-1017 email: uccnywomen@gmail.com

*A late fee of \$5.00 should be added to registrations postmarked after this date

If a confirmation is needed please enclose email or phone number. **Payment in full is required at this time**

Room reservations are made on a first come first basis, if you request a room in the new wing and none are available, you will be assigned a room and the difference in cost will be refunded.

Please detach here and mail. Keep the upper portion for your records.

Print name _____ phone: _____ Email _____

Address: _____

Local Church _____ Association _____

Registration: non-refundable fee \$ 25.00 _____

Late fee after March 27th \$ 5.00 _____

Choose one: (all options include 2 nights & 5 meals Thurs. dinner through Sat. breakfast)

Dorm Housing: Doubles, linens, towels, shared bath, per person \$112.00 _____

West Wing; hotel style private bath, doubles only, per person \$173.50 _____

For Triple and Quads in West Wing, you must have enough to fully occupy the room,

all registrations must come in together in the same envelope (two double beds in each room)

Triple per person \$140.00 _____

Quad per person \$124.00 _____

Single room: in Hillside House or Retreat House shared bath (subject to availability) \$133.00 _____

(Hillside is a short walk from the Main Building Retreat short walk or drive)

Extra Meal by reservation ONLY Thursday lunch \$10.00 _____

Saturday lunch \$10.00 _____

TOTAL COST FOR FULL CONFERENCE (Registration fee, choice of housing, & extra meals) \$ _____

***Friday only "commuter" Registration includes: Non-refundable registration fee: \$25.00 _____**

Late fee (after March 27th) \$5.00 _____

Breakfast \$7.00 _____ Lunch \$10.00 _____ Dinner \$13.50 _____ Meal Totals _____

Commuter Total Cost \$ _____

_____ I need scholarship aid to be able to attend (Seven \$50.00 grants are available, apply early!)

Only full conference participants are eligible

_____ I am enclosing a donation to the Scholarship Aid Fund (separate check from registration)

***Additional Information:** Name of roommate (double only) _____

***Note: roommates please submit registration forms together**

***SPECIAL NEEDS:** { } main floor; { } wheelchair accessible room required (subject to availability)

Special dietary needs: Requests must be made 30 days in advance

{ } I need transportation from: bus ___ airport _____