



WOMEN'S MISSIONARY COUNCIL

19th Quadrennial Assembly - June 21-29, 2019

Hilton Shreveport – 104 Market Street, Shreveport, LA 71101

Dr. Princess Pegues, Council President Patron Bishop James B. Walker

OFFICIAL REGISTRATION FORM

Title: (Please Check) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. Dr. <input type="checkbox"/> Bishop <input type="checkbox"/> Elder		
First Name	Last Name	MI
Mailing Address		
City	State	Postal Zip Code
Telephone: Day ()	Evening ()	Fax ()
E-mail		
Episcopal District: 1 2 3 4 5 6 7 8 9 10 11 Annual/Region Conference:		
Bishop		Region President
Status: (Check all that apply)		
<input type="checkbox"/> Council Officer	<input type="checkbox"/> Delegate	<input type="checkbox"/> Alternate Delegate
<input type="checkbox"/> Past Council Officer	<input type="checkbox"/> Executive Board	<input type="checkbox"/> Affiliate Representative
<input type="checkbox"/> Bishop	<input type="checkbox"/> Rossie T. Hollis	<input type="checkbox"/> Non-Voting Registrant
<input type="checkbox"/> Bishop Spouse/Widow	<input type="checkbox"/> Mattie E. Coleman	<input type="checkbox"/> Clergy
<input type="checkbox"/> General Officer	<input type="checkbox"/> Phyllis H. Bedford	<input type="checkbox"/> First Time Attendee
<input type="checkbox"/> Connectional Officer	<input type="checkbox"/> Lay Member	<input type="checkbox"/> Young Adult Member

CONVENTION REGISTRATION: Registration fee includes Badge, Conference Kit, workshop materials, Reports of Officers, Secretaries, Chairpersons and other working materials. **Please check the fees that you are submitting.**

<input type="checkbox"/> General Registration	\$150.00
<input type="checkbox"/> Prayer Breakfast	30.00
<input type="checkbox"/> Presidents' Luncheon	40.00
<input type="checkbox"/> Quadrennial Banquet	50.00
<input type="checkbox"/> Late Registration after April 1, 2019	180.00
<input type="checkbox"/> On-site Registration Fee	\$190.00
Total Included	\$

Note: Refunds will only be granted upon receipt of written request prior to May 1, 2019

Medical & Health Information:

Are you physically challenged? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
Do you require special dietary meals? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
Other:
In case of Emergency, contact:
Name: _____ Relationship: _____ Phone: _____

Submitted by: _____ **Date:** _____

Please submit completed form with Conference Check (No Personal Checks), Cashier Check or Money Order made payable to: The Women's Missionary Council.

Mail form to: Mrs. Laura Morrow- 2498 Johanna Drive - Memphis, TN 38114 (901)744-3357

Online registration is available at: www.cmewmc.org

Waiver of Liability

Name _____ Date _____

By virtue of the above signature(s) I/We hereby release and relieve the Women's Missionary Council of the Christian Methodist Episcopal Church, their members or agents, from all responsibility/liability for any personal/physical injury, damage, loss of property, accident or any other loss of any kind, whether alleged to be caused by act or omission arising from attendance as a delegate, guest or visitor at the Women's Missionary Council Quadrennial Assembly.