

Before you fill out this form **CONSIDER ONLINE REGISTRATION.** Online payment may be made with Credit card, debit card, or checking account. Registration link may be found on Conference website: gnjumc.org

<h1 style="margin: 0;">Clergy Registration Form</h1> <p style="margin: 0;"><i>All <u>Clergy</u> Members of the GNJAC</i></p> <h2 style="margin: 0;">Greater New Jersey Annual Conference</h2> <h3 style="margin: 0;">May 31—June 2, 2012</h3>	<p style="text-align: center;">Complete this form in its entirety. <i>Submit a separate form for each person attending. Print or type all information. Send <u>payment in full</u> with this form.</i></p> <p style="text-align: center;"><u>The deadline for registration is March 30, 2012.</u> <i>Accommodations cannot be guaranteed for registrations not postmarked by the deadline.</i></p>
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Name: _____ First Name on Badge: _____

Address: _____
STREET CITY STATE ZIP

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

Check all that apply:		
<input type="checkbox"/> GNJAC Staff	<input type="checkbox"/> Conference Worship Team	<input type="checkbox"/> Conference Secretary's Staff
<input type="checkbox"/> Conference Sessions Team	<input type="checkbox"/> Conference A/V Team	<input type="checkbox"/> Registration Packet Team
	<input type="checkbox"/> Conference Secretary	

Hotel Information	
Arrival Date: _____	Departure Date: _____
<p>Please Note: If your roommate is a family member who is not a member of the Annual Conference, you will need to complete a "Visitor Form" for that person. Please list that person's name as your roommate.</p>	

ROOM OCCUPANCY	BEDS	SMOKING	ROOMMATE
<input type="checkbox"/> None, thank you.	<input type="checkbox"/> One Bed	<input type="checkbox"/> No Smoking	<input type="checkbox"/> Please assign roommate <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Double Occupancy	<input type="checkbox"/> Two Beds	<input type="checkbox"/> Smoking	<input type="checkbox"/> I have chosen my roommate. Roommate's name: _____
<input type="checkbox"/> Single Occupancy	<input type="checkbox"/> No preference		Please note: your reservation cannot be completed until both you and your roommate register.

Meal Plan	
<i>(Please note that breakfast is not included in the meal plan.)</i>	
<input type="checkbox"/> Regular Meals	\$0.00
<input type="checkbox"/> Vegetarian Meals	\$0.00
<input type="checkbox"/> No meals	\$0.00
Bible Study	
Pre-registration is required for the Bible Study.	
<input type="checkbox"/> Friday morning with Breakfast <input type="checkbox"/> Reg <input type="checkbox"/> Veg	\$18.00
<input type="checkbox"/> Friday morning Seating only	\$0.00
<input type="checkbox"/> Saturday morning with Breakfast <input type="checkbox"/> Reg <input type="checkbox"/> Veg	\$18.00
<input type="checkbox"/> Seating morning Seating only	\$0.00
Total Meal Cost	\$ _____

Cost of Rooms	
<input type="checkbox"/> Conference member/adult double occupancy	\$0.00
<input type="checkbox"/> Conference member/adult single occupancy (2 nights)	\$150.00
Extra Night (Conference member)	
<input type="checkbox"/> Adult Double Occupancy, per person/per night	\$75.00
<input type="checkbox"/> Adult Single Occupancy, per person/per night	\$150.00
Total Room Cost	\$ _____
<p>Please note: You may choose to make extra night arrangements directly with the hotel, but we cannot guarantee that you will be in the same hotel or the same room that will be assigned through the Conference office.</p>	

If you have special needs to be accommodated, please indicate in NOTES section.

If you have questions regarding housing or meals, please send an e-mail to gnjacreservation@aol.com.

All other questions regarding the conference should be directed to
 Dr. Michael Harriott: 973-441-3765 or conferencesecretary@comcast.net.

Remittance	
Registration fee:	\$ _____
<small>(\$105 for active clergy members)</small>	
<small>(\$60 for retired clergy and clergy on disability leave)</small>	
SUBTRACT \$15.00 if you register on or before 3/30/2012	\$ _____
ADD an additional \$15.00 if you register after 4/20/2012	\$ _____
Room cost	\$ _____
Meal Cost	\$ _____
Total due	\$ _____
<p><i>Please send completed form and check (made payable to GNJAC) to:</i> Greater New Jersey Annual Conference 1001 Wickapecko Drive, Ocean, NJ 07712-4733</p>	

NOTES: _____

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<h2 style="text-align: center; margin: 0;">Laity Registration Form</h2> <p style="text-align: center; margin: 0;"><i>Elected and At-Large Lay Members of the GNJAC</i></p> <h3 style="text-align: center; margin: 0;">Greater New Jersey Annual Conference</h3> <p style="text-align: center; margin: 0;">May 31—June 2, 2012</p>	<p style="text-align: center; margin: 0;">Complete this form in its entirety.</p> <p style="text-align: center; margin: 0;"><i>Submit a separate form for each person attending. Print or type all information. Send payment in full with this form.</i></p> <p style="text-align: center; margin: 0;"><u>The deadline for registration is March 30, 2012.</u></p> <p style="text-align: center; margin: 0;"><i>Accommodations cannot be guaranteed for registrations not postmarked by the deadline.</i></p>
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Name: _____ First Name on Badge: _____

Address: _____
STREET CITY STATE ZIP

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

Check all that apply:		
<input type="checkbox"/> GNJAC Staff	<input type="checkbox"/> Conference Worship Team	<input type="checkbox"/> Conference Secretary's Staff
<input type="checkbox"/> Conference Sessions Team	<input type="checkbox"/> Conference A/V Team	<input type="checkbox"/> Registration Packet Team
<input type="checkbox"/> Conference Secretary		

Hotel Information	
Arrival Date: _____	Departure Date: _____
<p>Please Note: If your roommate is a family member who is not a member of the Annual Conference, you will need to complete a "Visitor Form" for that person. Please list that person's name as your roommate.</p>	

ROOM OCCUPANCY	BEDS	SMOKING	ROOMMATE
<input type="checkbox"/> None, thank you.	<input type="checkbox"/> One Bed	<input type="checkbox"/> No Smoking	<input type="checkbox"/> Please assign roommate <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Double Occupancy	<input type="checkbox"/> Two Beds	<input type="checkbox"/> Smoking	<input type="checkbox"/> I have chosen my roommate. Roommate's name: _____
<input type="checkbox"/> Single Occupancy	<input type="checkbox"/> No preference		Please note: your reservation cannot be completed until both you and your roommate register.

Meal Plan	
<i>(Please note that breakfast is not included in the meal plan.)</i>	
<input type="checkbox"/> Regular Meals	\$0.00
<input type="checkbox"/> Vegetarian Meals	\$0.00
<input type="checkbox"/> No meals	\$0.00
Bible Study	
Pre-registration is required for the Bible Study.	
<input type="checkbox"/> Friday morning with Breakfast <input type="checkbox"/> Reg <input type="checkbox"/> Veg	\$18.00
<input type="checkbox"/> Friday morning Seating only	\$0.00
<input type="checkbox"/> Saturday morning with Breakfast <input type="checkbox"/> Reg <input type="checkbox"/> Veg	\$18.00
<input type="checkbox"/> Seating morning Seating only	\$0.00
Total Meal Cost	\$ _____

Cost of Rooms	
<input type="checkbox"/> Conference member/adult double occupancy	\$0.00
<input type="checkbox"/> Conference member/adult single occupancy (2 nights)	\$150.00
Extra Night (Conference member)	
<input type="checkbox"/> Adult Double Occupancy, per person/per night	\$75.00
<input type="checkbox"/> Adult Single Occupancy, per person/per night	\$150.00
Total Room Cost	\$ _____
<p>Please note: You may choose to make extra night arrangements directly with the hotel, but we cannot guarantee that you will be in the same hotel or the same room that will be assigned through the Conference office.</p>	

If you have special needs to be accommodated, please indicate in NOTES section.

If you have questions regarding housing or meals, please send an e-mail to gnjacreservation@aol.com.

All other questions regarding the conference should be directed to:
 Dr. Michael Harriott: 973-441-3765 or conferencesecretary@comcast.net

Remittance	
Registration fee: (\$105 for elected and at-large Lay Members of the GNJAC)	\$105.00
SUBTRACT \$15.00 if you register on or before 3/30/2012	\$ _____
ADD an additional \$15.00 if you register after 4/20/2012	\$ _____
Room cost	\$ _____
Meal Cost	\$ _____
Total due	\$ _____
<p><i>Please send completed form and check (made payable to GNJAC) to:</i></p> <p>Greater New Jersey Annual Conference 1001 Wickapecko Drive, Ocean, NJ 07712-4733</p>	

NOTES: _____

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<h2 style="text-align: center; margin: 0;">Youth Registration Form</h2> <p style="text-align: center; margin: 0;"><i>Elected Youth Members of the GNJAC</i></p> <h3 style="text-align: center; margin: 0;">Greater New Jersey Annual Conference</h3> <p style="text-align: center; margin: 0;">May 31—June 2, 2012</p>	<p style="text-align: center; margin: 0;">Complete this form in its entirety.</p> <p style="text-align: center; margin: 0;"><i>Submit a separate form for each person attending. Print or type all information. Send <u>payment in full</u> with this form.</i></p> <p style="text-align: center; margin: 0;"><u>The deadline for registration is March 30, 2012.</u></p> <p style="text-align: center; margin: 0;"><i>Accommodations cannot be guaranteed for registrations not postmarked by the deadline.</i></p>
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Name: _____ First Name on Badge: _____

Address: _____
STREET CITY STATE ZIP

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

Date of Birth _____
(This is vital information so that our housing list will be in accordance with the Safe Sanctuary Policy of the Annual Conference)

Parent Notification: My child _____ has permission to participate in the Greater New Jersey Conference Session to be held in Valley Forge, Pennsylvania, May 31—June 2, 2012.

Parent's Signature: _____ Parent's Printed Name _____

Contact Information: Home Phone: _____ Cell Phone: _____

Check all that apply: <input type="checkbox"/> GNJAC Staff <input type="checkbox"/> Conference Sessions Team	<input type="checkbox"/> Conference Worship Team <input type="checkbox"/> Conference A/V Team <input type="checkbox"/> Conference Secretary	<input type="checkbox"/> Conference Secretary's Staff <input type="checkbox"/> Registration Packet Team
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Meal Plan

(Please note that breakfast is not included in the meal plan.)

Regular Meals \$0.00

Vegetarian Meals \$0.00

No meals \$0.00

Bible Study

Pre-registration is required for the Bible Study.

Friday morning with Breakfast Reg Veg \$18.00

Friday morning Seating only \$0.00

Saturday morning with Breakfast Reg Veg \$18.00

Seating morning Seating only \$0.00

Total Meal Cost \$ _____

Cost of Rooms

Conference member/youth double occupancy \$0.00

Extra Night (Conference member)

Conference member, per person/per night \$75.00

Total Room Cost \$ _____

Please note: You may choose to make extra night arrangements directly with the hotel, but we cannot guarantee that you will be in the same hotel or the same room that will be assigned through the Conference office.

If you have special needs to be accommodated, please indicate in NOTES section.

If you have questions regarding housing or meals, please send an e-mail to gnjacreservation@aol.com.

All other questions regarding the conference should be directed to:
 Dr. Michael Harriott: 973-441-3765 or conferencesecretary@comcast.net

Remittance

Registration fee \$0.00

Room cost \$ _____

Meal Cost \$ _____

Total due \$ _____

*Please send completed form and check (made payable to **GNJAC**) to:*
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1001 Wickapecko Drive
Ocean, NJ 07712-4733

NOTES: _____

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<h2 style="margin: 0;">Visitor Registration Form</h2> <p style="margin: 0;">(Adult Visitors)</p> <p style="margin: 0;"><i>All Other Non-Elected/Non-Clergy Registrants</i></p> <h3 style="margin: 0;">Greater New Jersey Annual Conference</h3> <p style="margin: 0;">May 31—June 2, 2012</p>	<p style="text-align: center;">Complete this form in its entirety.</p> <p style="text-align: center;"><i>Submit a separate form for each person attending. Print or type all information. Send <u>payment in full</u> with this form.</i></p> <p style="text-align: center;"><u>The deadline for registration is March 30, 2012.</u></p> <p style="text-align: center;"><i>Accommodations cannot be guaranteed for registrations not postmarked by the deadline.</i></p>
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Name: _____ First Name on Badge: _____

Address: _____
STREET
CITY
STATE
ZIP

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

Home Church: _____

Hotel Information			
Arrival Date: _____		Departure Date: _____	
ROOM OCCUPANCY	BEDS	SMOKING	ROOMMATE
<input type="checkbox"/> None, thank you.	<input type="checkbox"/> One Bed	<input type="checkbox"/> No Smoking	<input type="checkbox"/> Please assign roommate <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Double Occupancy	<input type="checkbox"/> Two Beds	<input type="checkbox"/> Smoking	<input type="checkbox"/> I have chosen my roommate. Roommate's name: _____
<input type="checkbox"/> Single Occupancy	<input type="checkbox"/> No preference		Please note: your reservation cannot be completed until both you and your roommate register.

Meal Plan	
<i>(Please note that breakfast is not included in the meal plan.)</i>	
<input type="checkbox"/> Regular Meals	\$100.00
<input type="checkbox"/> Vegetarian Meals	\$100.00
<input type="checkbox"/> No meals	\$0.00
Bible Study	
<input type="checkbox"/> Friday morning with Breakfast <input type="checkbox"/> Reg <input type="checkbox"/> Veg	\$18.00
<input type="checkbox"/> Friday morning Seating only	\$0.00
<input type="checkbox"/> Saturday morning with Breakfast <input type="checkbox"/> Reg <input type="checkbox"/> Veg	\$18.00
<input type="checkbox"/> Seating morning Seating only	\$0.00
Total Meal Cost	\$ _____

Cost of Rooms	
<input type="checkbox"/> Visitor/adult double occupancy	\$150.00
<input type="checkbox"/> Visitor/adult single occupancy (2 nights)	\$300.00
Extra Night (Conference member)	
<input type="checkbox"/> Adult Double Occupancy, per person/per night	\$75.00
<input type="checkbox"/> Adult Single Occupancy, per person/per night	\$150.00
Total Room Cost	\$ _____
Please note: <i>You may choose to make extra night arrangements directly with the hotel, but we cannot guarantee that you will be in the same hotel or the same room that will be assigned through the Conference office.</i>	

Remittance	
Registration fee:	\$0.00
Late Registration Fee: (Add \$15.00 after 3/31/2012)	\$ _____
Room cost	\$ _____
Meal Cost	\$ _____
Total due	\$ _____

If you have special needs to be accommodated, please indicate in NOTES section.

If you have questions regarding housing or meals at the Annual Conference, please send an e-mail to gnjacreservation@aol.com.

All other questions regarding the conference should be directed to:
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NOTES: _____

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<h1>Child Registration Form</h1> <p><i>Child attending GNJAC with Parent/Guardian</i></p> <h2>Greater New Jersey Annual Conference</h2> <h3>May 31—June 2, 2012</h3>	<p style="text-align: center;">Complete this form in its entirety. <i>Submit a separate form for each person attending. Print or type all information. Send <u>payment in full</u> with this form.</i></p> <p style="text-align: center;"><u>The deadline for registration is March 30, 2012.</u> <i>Accommodations cannot be guaranteed for registrations not postmarked by the deadline.</i></p>
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Name: _____ First Name on Badge: _____

Age: _____ Home Church: _____

Parent's Name: _____

Parent's Conference Relationship: ___ Clergy Member ___ Laity Member ___ Visitor

Childcare Registration

Please register my child for childcare during the Annual Conference. (The cost for childcare is \$25.00)

- | | | |
|---|---|---|
| <input type="checkbox"/> Thursday morning | <input type="checkbox"/> Friday morning | <input type="checkbox"/> Saturday morning |
| <input type="checkbox"/> Thursday afternoon | <input type="checkbox"/> Friday afternoon | <input type="checkbox"/> Saturday afternoon |
| <input type="checkbox"/> Thursday evening | <input type="checkbox"/> Friday evening | |

I plan for my child to be present in childcare during these times:

You need to know the following information about my child: _____

Meal Plan

(Please note that breakfast is not included in the meal plan.)

- | | |
|---|----------|
| <input type="checkbox"/> Regular Meals | |
| <input type="checkbox"/> Age 3 and under | \$0.00 |
| <input type="checkbox"/> Age 4-11 | \$50.00 |
| <input type="checkbox"/> Age 12 and older | \$100.00 |
| <input type="checkbox"/> Vegetarian Meals | |
| <input type="checkbox"/> Age 3 and under | \$0.00 |
| <input type="checkbox"/> Age 4-11 | \$50.00 |
| <input type="checkbox"/> Age 12 and older | \$100.00 |
| <input type="checkbox"/> No Meals | \$0.00 |

Total Meal Cost \$ _____

Cost of Rooms

- | | |
|--|----------|
| <input type="checkbox"/> Child sharing room with two adults | \$0.00 |
| <input type="checkbox"/> Child sharing room with one adult (2 nights)
Both adults in the room must be willing to share a room with a child. We cannot "assign" roommates for rooms that include children. | \$150.00 |

Total Room Cost \$ _____

Please note: *You may choose to make extra night arrangements directly with the hotel, but we cannot guarantee that you will be in the same hotel or the same room that will be assigned through the Conference office.*

Remittance

Registration fee:	\$0.00
Room cost	\$ _____
Meal Cost	\$ _____
Childcare	\$ _____
Total due	\$ _____

*Please send completed form and check (made payable to **GNJAC**) to:*
Greater New Jersey Annual Conference
1001 Wickapecko Drive
Ocean, NJ 07712-4733

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