

2014 Alabama-West Florida Conference Mission u Event Registration

July 11-12, 2014

Dothan First UMC, Dothan, AL

Deadline for registration is July 2, 2014. Registration can be completed by mail. Send this completed form with full payment to Margaret Larson, 168 Cabana Way, Crestview, FL 32536-3300. Make checks payable to AWFCSM. Questions can be directed to Margaret Larson maggie42@cox.net or Lynn Hamric lhamric@eng.ua.edu.

Name _____

Address _____

Home Phone _____ Cell _____

Email _____ District _____

Please circle all that apply:

Female Male Clergy Lay CEU Credit

Conference/District Officer & Position _____

Need assistance traveling/moving around the campus

If dining on campus, list special needs (dietary, physical, access, etc.) of participants and attach to this form.

Study Course Registration and Fees

Each study is offered during one full day. Registration begins each day at 8 AM. The opening or orientation begins at 9 AM. Class ends at 4:30 PM. The Spiritual Growth study is offered on Friday. The Geographic and Issue studies are offered on Saturday.

Fees include registration fee and lunch and dinner on the day of your study. Scholarships are available to some first time attendees. A \$10 late fee will be added for those registering after July 2, 2014.

The fee does NOT include accommodations. Each participant is responsible for his/her own hotel accommodations. A block of rooms has been reserved at the LaQuinta Inn and Suites (334-793-9090). Ask for Mission u room at \$79.99 per night. This includes a continental breakfast.

Full School Package (\$36): Includes two mission study classes How Is It With Your Soul on Friday and one other on Saturday (please choose your Saturday study)

The Roma of Europe

The Church and People with Disabilities

The Church and people with Disabilities hands-on workshop*

Friday Only (\$23): Includes How Is It With Your Soul

Saturday Only(\$23): Includes ONE of the following. (please choose your Saturday study)

The Roma of Europe

The Church and People with Disabilities

The Church and people with Disabilities hands-on workshop*

* Special "Hands-On" People with Disabilities Mission Workshop on Saturday (\$23): Includes a disability workshop and the demonstration and discussion of fabricating ramps, rails, and other improvements to assist people in our communities with disabilities as personal projects or church wide projects. Participants should wear casual clothes and be prepared to inspect and explore materials and components of assistive devices.

Health Form

Authorization for Emergency Medical Treatment Form

Name _____ DOB _____

Physician's Name _____ Phone # _____

Health Insurance Company _____ Policy# _____

Allergies to medications _____

Current medications _____

In the event of an emergency, contact:

Name _____ Relation _____ Phone# _____

Name _____ Relation _____ Phone# _____

In the event emergency medical aid/treatment is required due to illness or injury during my stay at a UMW event, I authorize AL/WF UMW to:

1. Secure and retain medical treatment and transportation if needed.
2. Release my health information to the authorized individual or agency involved in the medical emergency treatment.
3. I hold harmless the AL-WFL Conference United Methodist Women, the AL-WFL Conference, The United Methodist Church and/or the owners of the facility for which the event is taking place for any act or failure to act during a medical emergency.

Date _____ Consent Signature _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached. I hold harmless the AL-WFL Conference United Methodist Women, the AL-WFL Conference, The United Methodist Church and/or the owners of the facility for which the event is taking place for any act or failure to act during a medical emergency.

Date _____ Consent Signature _____

Non-Consent Plan

I DO NOT give my consent for emergency medical treatment/aid in the cases of illness or injury. In the event emergency treatment/aid is required, I wish the following procedures to take place:

I hold harmless the AL-WFL Conference United Methodist Women, the AL-WFL Conference, The United Methodist Church and/or the owners of the facility for which the event is taking place for any act or failure to act during a medical emergency.

Date _____ Consent Signature _____

Date _____ Witness Signature _____