ALABAMA WEST FLORIDA CONFERENCE UNITED METHODIST WOMEN
REGISTRATION FOR 42nd ANNUAL MEETING
Workshop & District Officer Update: October 24, 2014   Annual Day: October 25, 2014

"Vessels for the Master's Use"
Special Guest Speaker: Yvette Richards, President of UMW, Inc

Who should attend?   REGISTRATION DEADLINE: Oct. 4, 2014
*All United Methodist Women   *Bishop, District Superintendents, and Ministers
*Each unit has ONE voting delegate and MUST pre-register

FRIDAY AND SATURDAY REGISTRATION: Begins @ 3 p.m. in Lodge

ANNUAL DAY REGISTRATION ONLY: Registration begins @ 8:30 a.m. in GYM

All participants must pre-register

Name: _____   Email _____

Address: _____ City: . _____ St _____ Zip _____

Phone: _____ District _____ Unit _____

Conference Officer ☐   District Officer ☐   If so, office: _____→

Local Unit Voting Delegate ☐   District Superintendent ☐   Clergy ☐   Youth (under 18) ☐

NO REGISTRATIONS WILL BE ACCEPTED AFTER OCT. 4, 2014.

PLEASE CHECK YOUR PREFERENCE: (includes registration, lodging & meals)

Friday and Saturday   Saturday Only

LINWOOD WING   by 09/27   by 10/04   CENTER SECTION by 09/27   by 10/04
_____Double Occupancy $60.00 $70.00   _____Triple Occupancy $45.00 $55.00
_____Single Occupancy $85.00 $95.00   _____Double Occupancy $55.00 $65.00
ROOMATE: _____Single Occupancy $65.00 $75.00
_____

SATURDAY ONLY   by 09/27   by 10/04   ROOMATES:
                     $20.00 $30.00   _____

ROOMMATES MUST MAIL REGISTRATION FORMS & FULL PAYMENT TOGETHER

ATTENDEES WHO WISH TO REGISTER AT THE DOOR ON SATURDAY WILL NEED TO
BRING A SACK LUNCH!

Registration is not complete until all fees are received.

CONFERENCE AND DISTRICT OFFICERS PAY ONLY $10.00 (Add $25 for single rooms and if registering after 10/04 add an additional $10.00)

Make checks payable to AWFUMW –

Mail to: Sheila Hare, Registrar @ 4074 Lafitte Rd Saraland, AL 36571 s.share13@gmail.com

FRIDAY WORKSHOP BEGINS @ 4 p.m.   DINNER @ 6:00 P.M.
OFFICER TRAINING and OTHER OPPORTUNITIES @ 7:00 P.M.

Special Needs:_____Child Care Needed:_____

HEALTH FORMS SHOULD BE COMPLETED AND MAILED WITH REGISTRATION OR PRESENTED ON DAY OF REGISTRATION IF ONE HAS NOT ALREADY BEEN SUBMITTED FOR 2014.

ALABAMA/WEST FLORIDA CONFERENCE
UNITED METHODIST WOMEN
HEALTH FORM FOR _____

Authorization for Emergency Medical Treatment Form

Name:_____ DOB _____

Home Phone: _____ Work #_____ Cell#_____

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:_____