



Conference Committee

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Conference Planner

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Conference Registrar

Donna Fisher uumn@uumn.org

Conference Registration FORM

**Mail this completed form and check to:
 Donna Fisher, UUMN Services, 2208 Henery Tuckers Ct., Charlotte, NC 28270**

Name _____ This is my first conference

Mailing Address _____ City/State/Zip _____

Home/Cell Phone _____ Email _____

Congregation Name/City/State _____

Church Staff position _____

*One must have a current UUMN membership to attend any portion of the conference.

UUMN Membership fee (see fee schedule in newsletter or on website) \$ _____

FULL Conference Attendance Fees:

Registration - Early Bird price - postmarked on or before May 31 = **\$285** \$ _____

Registration fee if postmarked after May 31 = **\$325** \$ _____

PARTIAL Conference Attendance Fees

Tuesday includes evening reception (Prof. Dev. Day NOT included) = **\$45** \$ _____

Wednesday = **\$95** \$ _____

Thursday = **\$95** \$ _____

Friday = **\$95** \$ _____

Saturday (banquet NOT included) = **\$50** \$ _____

ADDITIONAL EVENTS/ITEMS (not included in fee)

Professional Development Day – Tues. Aug 5 = **\$50** \$ _____

Saturday night banquet/variety show = **\$65** \$ _____

T-shirt S; M; L; XL; 2XL = **\$10** @ please indicate size \$ _____

Saturday excursion = **\$15**@ \$ _____

Sunday afternoon excursion = **\$35** @ \$ _____

Spouse/domestic partner Pass (Name _____) = **\$65**\$ _____

TOTAL REGISTRATION FEES ENCLOSED (US\$ Check to: UUMN Conference 2008) ...\$ _____

Meal choices

Omnivore Vegan Vegetarian Gluten Free

Check ALL that apply, but do not add other restrictions as we are unable to accommodate any dietary restrictions beyond what is noted above. If you have specific allergies or dietary restrictions beyond what is listed here, we recommend you choose the category that most closely meets your requirements and arrange to bring or purchase food to supplement your meals.

Box lunches provided Wednesday, Thursday, and Friday.

Medical, Emergency and Accessibility

I have the following medical restrictions/conditions or accessibility needs about which the planners should know _____

Emergency Contact Name: _____ Phone: _____

My Skills

- I am available to accompany choral repertoire reading sessions
 I am available to conduct choral repertoire reading sessions
 I can play the following instrument(s): _____

Daily Bus Transportation for Those with Special Needs

Transportation will be provided only for those persons with disabilities. It is a 5-10 minute walk between the hotel and the churches. The Friday walk to King's Chapel is about 20 minutes. There will be ONE van available for those with special needs.

- I will need daily van transportation to and from the churches.

Bookstore Space

I would like to reserve space to sell CD's, books, sheet music. I understand that there is no charge but reservations will be honored on a first come first served basis.

T-Shirts

Beautiful 100% cotton T shirts, red with white lettering, as remembrance of UUMN's 25 years, celebrated in Boston, 2008. What a bargain at \$10 each. Specify quantity and size on reverse.

Spouse Pass

New this year! \$65 spouse pass includes evening activities Tuesday through Friday. Attendance at daytime events requires full or partial registration. See reverse.

Register Now!

Mail this completed form and check (sorry no credit cards) to:

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Early Bird Registration – postmark by May 31, 2008

Conference Registration Deadline – July 1, 2008

Hotel Registration Deadline – July 1, 2008