

**PC(USA) MALAWI MISSION NETWORK
2017 CONFERENCE REGISTRATION FORM**

MEMBER INFORMATION

Name: _____ Gender: M F

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Email: _____

Alternate Address: _____

Alternate Phone: _____

Other friends or family on the same registration form:

Name: _____ Relation: _____ Gender: M F

Name: _____ Relation: _____ Gender: M F

Name: _____ Relation: _____ Gender: M F

Dietary or Special Needs: _____

LODGING INFORMATION

Attendees are encouraged to share rooms to lower individual conference costs. **Full registration** includes 3 nights lodging, all meals (Thursday dinner through Sunday breakfast) and program expenses. **No full registrations will be accepted after July 18th**. Only commuter registrations will be accepted after that date. Late registrants will be responsible for their own lodging accommodations.

Please indicate the number of people at each rate below if more than one person is being registered with this form.

Single Occupancy Room: \$491/person (\$516 after July 6th)

Double Occupancy Room: \$342/person (\$367 after July 6th)

Commuter Registration Full Event: \$174/person (\$199 after July 6th) includes 2 lunches, 3 dinners and program expense.

Commuter Registration 1 Day: \$118/person (\$133 after July 6th) includes 1 lunch, 1 dinner and program expense. Friday: Saturday:

Roommate(s) Requested: _____

No roommate preference. Assign me to a multiple occupancy room:

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TRAVEL INFORMATION

I will **arrive** on _____
Airline Flight No

Arrival time AM or PM

I need transportation from the airport.

I will **depart** on _____
Airline Flight No

Departure time AM or PM

I need transportation to the airport.

MALAWI MISSION NETWORK INFORMATION

Affiliation – Congregation name or other organization represented:

Are you a registered member of the Malawi Mission Network?: Yes No

Membership is not required to attend. Conference registration will include registration in the network.

If you are not a member of the Malawi Mission Network, please tell us what your connection to or interest in Malawi is. Why are you interested in attending the conference?

REGISTRATION SUBMISSION

Checks for the registration fee should be made out to Papillion La Vista Arts Network MMN.

Total amount enclosed: _____

Mail check and registration form to: Lynda Shafer
8704 Willow Court
La Vista NE 68128

Contact Lynda Shafer at 402-669-9750 or lshafer60@gmail.com with registration questions.