



Diocese of Missouri
THE EPISCOPAL CHURCH

173RD DIOCESAN CONVENTION REGISTRATION

DUE NOVEMBER 2, 2012

PLEASE PRINT LEGIBLY OR TYPE

TODAY'S DATE

CONGREGATION NAME

CONGREGATION CITY

- Registration fee is \$65 for clergy, lay delegates, and alternates, **which includes Friday reception and Saturday lunch.**
 - **Guest registration is \$30 for the Friday reception and \$15 for lunch Saturday.** Check or money orders should be made payable to "The Diocese of Missouri." According to Diocesan Canon III.2, Sec. 4: "Parishes and Missions shall pay the reasonable expenses of their Clergy and Lay Delegates incurred in attending meetings of Convention."
 - Completed registration forms to be returned via **mail** to the Diocesan Convention Registration, Offices of the Bishop, 1210 Locust St., St. Louis, MO 63103.
 - Participants planning to stay overnight are responsible for their own hotel reservations, **to be made by October 17, 2012.** Please see enclosed information.
 - Registration must be received by **November 2, 2012.**
 - Nametags (distributed at the registration table) will be necessary to gain entry into gathering on Friday and lunch on Saturday.
 - Last minute meal changes or requests *may* not be accepted. **Refunds for absent registrants will not be issued.**
- All delegates will be required to sign in at registration both Friday and Saturday, in person. Thank you.**

NAME (AS IT SHOULD APPEAR ON THE NAMETAG):	Clergy - \$65	Lay Delegate - \$65	Lay Alternate - \$65	Friday Reception -\$30	Guest Lunch - \$15	Vegetarian Meal? <small>YES OR NO</small>	SUBTOTAL
(title, first name, last name, suffix)							
(title, first name, last name, suffix)							
(title, first name, last name, suffix)							
(title, first name, last name, suffix)							
(title, first name, last name, suffix)							
(title, first name, last name, suffix)							
(title, first name, last name, suffix)							
(title, first name, last name, suffix)							
(title, first name, last name, suffix)							
Total							

NEED CHILDCARE? OVER...



FOR THOSE NEEDING CHILD CARE

(Please duplicate this form and complete one per family)

Parent's name: _____

Parent's phone number: _____

Child(ren)'s name(s): _____

Child(ren)'s age(s): _____

Please let the Convention Childcare Staff know if your child has any allergies.