

Participant Registration Form
Global Young People's Convocation and Legislative Assembly

Division on Ministries with Young People
The General Board of Discipleship

If you do not know answers to information requested then mark N/A (not applicable)

Select One:

- Youth Participant (under 18)
- Young Adult Participant (Over 18)
- Adult Worker

PERSONAL INFORMATION:

Title (Mr, Ms, Mrs, Rev., Dr, Bishop, etc) _____

First Name _____ Last Name _____

Name you prefer on your name tag _____

E-mail address _____

Mailing address _____

City/State/Zip _____

Country _____

Daytime Phone _____ Cell Phone _____

Date of birth (MM/DD/YYYY) _____

Passport Information:

Passport Nationality _____

Full name as it appears in passport _____

Passport number _____ Place of issue _____

Date of issue (day/month/year) _____ Valid until (day/month/year) _____

Gender:

- Male Female

Marital Status:

- Single Married (information needed for insurance purposes)

Church Status:

- Ordained Lay member Other: _____

Please select T-shirt Size:

- XS S M L XL XXL

Medical conditions: _____

Dietary Needs: _____

Special Needs (disabilities) _____

BACKGROUND INFORMATION:

Profession: _____

Present Occupation: _____

Position or responsibility in church or organization you represent: _____

Church Name _____

Church Involvement _____

Church Location (city,state,country) _____

Do you have any skills that you would be able to contribute to the GYPC if requested?

- Bible Study Leader Worship Translation
 Small Group Leader Music

How did you find out about Global Young People's Convocation and Legislative Assembly?

Language:

What is your language of birth: _____

Please indicate **only one** language in which you would like to receive GYPC documents.

- English French German Spanish
 Portuguese Russian

Please indicate **only one** language in which you would like to hear interpretation.

- English French German Spanish
 Portuguese Russian

If needed, could you help informally with small group interpretation? If so, please indicate which languages.

From _____ To _____ From _____ To _____

PAYMENT INFORMATION

> Non-Delegates Registration- \$200.00

Housing and meals are included in the Conference Packages:

Single Room Conference Package \$135.53 per person, per night ____ (x) number of nights = \$ ____

Double Room Conference Package \$97.52 per person, per night ____ (x) number of nights = \$ ____

Extra Night \$89.00 per night (If you plan on arriving early or staying late)

> Delegate Registration- \$70.00

The Division on Ministries with Young People will pay the price of the conference package. Delegates need only to pay the \$ 70 registration fee.

Central Conference Delegates will receive \$595 towards airfare, and Jurisdiction Delegates will receive \$500 towards airfare.

Central Conference _____

Jurisdiction _____

The registration fee for Delegates and Non-Delegates includes expenses for transportation to/from the airport and visit to community ministries; museum admission fees, event t-shirt, conference materials and translation equipment.

**Conference Package covers the expenses of housing and meals.
All conference participants will be responsible for purchasing beverages at meals.**

PAYMENT OPTIONS

In cases where full payment is not remitted, a payment plan has been provided.

Payment Plan Options for Non-Delegates

Payment Plan 1 (5 nights, Single Room Conference Package)

Staying for five nights in a single room, for a total of \$677.65.

\$677.65 + \$200 (registration fee) = \$877.65

Check here for Payment Plan 1

First Payment, June 1- \$225.00

Second Payment, August 1- \$ 217.55

Third Payment, October 1- \$ 217.55

Forth Payment, December 1- \$ 217.55

Payment Plan 2 (5 nights, Double Room Conference Package)

Staying for five nights in a double room, for a total of \$487.60.

\$487.60 + \$200 (registration fee) = \$687.60

Check here for Payment Plan 2

First Payment, June 1- \$225.00

Second Payment, August 1- \$154.20

Third Payment, October 1- \$154.20

Forth Payment, December 1- \$154.20

Payment Plan 3, Full Payment Option

Check here for Single Room Conference Package, \$877.65

Check here for Double Room Conference Package, \$687.60

*** If you need help with your payment plan, please call CCC for assistance.**

**** If you plan to stay additional nights, please call CCC to work out additional payment plans.**

Payment Plan Option for Delegates ONLY:

\$70.00 Full Payment

Please complete the following information (for all payment plans):

All payments need to be received by December 5, 2006

Visa Mastercard Discover Amex

Check Money Order

Account # (If you are paying by Credit Card) _____

Expires: _____ / _____

If credit card billing address is different from Registrant's Mailing address, please indicate credit card billing address:

Name on card: _____

Street Address: _____

City / State / Zip: _____

I authorize Creative Convention Consulting to charge my credit card the amount deignated above.I have read policy & procedures for this event and agree to the terms.

Signature of Cardholder: _____

Participant Remarks: _____

ALL PARTICIPANTS MUST DATE AND SIGN BELOW:

Date _____ Signature _____

**Mail this form to: *Creative Convention Consulting*
220 Market Avenue South
Suite GL # 50
Canton, Ohio 44702
(330) 430-9999**