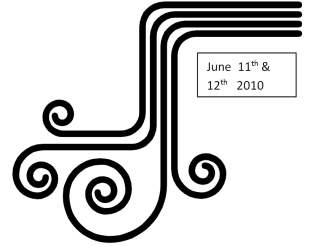


Blessings Flow
48th Annual Meeting
Iowa Conference of the United Church of Christ
JUNE 11-12, 2010
 Grinnell College; Grinnell, Iowa
 www.ucciaconf.org

Blessings Flow



(COMPLETE ONE REGISTRATION PER PERSON – Meals and housing are not refundable)

Rev/Mr/Mrs/Ms _____ Birth Date _____
 St/Rt _____ Town _____ Zip _____
 Church _____ Town _____
 Phone Type _____ Ph. # _____ Email address: _____

ADULT

Please check as appropriate: Young Adult is defined as anyone completing grade 12 – age 29.

<input type="checkbox"/> Church Delegate	<input type="checkbox"/> Adult Visitor	<input type="checkbox"/> Send me <i>The Reporter</i> (e-mail)
<input type="checkbox"/> Ministerial Delegate	<input type="checkbox"/> Young Adult Visitor	<input type="checkbox"/> Send me <i>Youth News</i> (e-mail)
<input type="checkbox"/> Youth/Young Adult Delegate	<input type="checkbox"/> Chaperone for Youth	<input type="checkbox"/> Send me <i>E-Communiqué</i> (e-mail)

Registration fee: Each attendee must register! \$65.00 (postmarked before April 30th) \$ _____
 \$75.00 (postmarked between May 1st -25th) \$ _____
 \$80.00 (postmarked May 26th or later) \$ _____

REGISTRATION MUST BE RECEIVED WITH PAYMENT BY MAY 25th to get meals, child care and/or campus housing.

Meals: Please mark the meals you wish to eat. Served buffet style in the cafeteria. (Outside food not allowed on campus.)

Friday _____ \$8 Lunch	_____ \$10 Supper	Total Friday \$ _____	} \$ _____
Saturday _____ \$6 Breakfast	_____ \$8 Lunch	Total Saturday \$ _____	

WOMEN'S BRUNCH - Friday 9 am – 12:30 _____ \$9 (do not sign up for Friday Lunch) *Total Meal Amount*

Housing: Air conditioned housing is available in the dorms. Please check if you want housing. Otherwise, see the enclosed list of hotels/motels. *You are responsible for making your own housing reservations if you stay off campus.*

_____ Friday Housing – Single \$21 **OR** _____ Friday Housing – Double \$17 _____ Stay off campus \$ _____
Total Housing Amount



TOTAL AMOUNT ENCLOSED \$ _____

Please make checks payable to: IOWA CONFERENCE UNITED CHURCH OF CHRIST

Special needs--please check as appropriate:

<input type="checkbox"/> Limited stairs	<input type="checkbox"/> Wheelchair user	<input type="checkbox"/> Vegetarian diet	<input type="checkbox"/> Vegan diet
<input type="checkbox"/> Large print	<input type="checkbox"/> Hearing amplification	<input type="checkbox"/> Specific dietary needs _____	
<input type="checkbox"/> Other/Room Mate Request(s) _____			

All facility spaces are handicapped accessible!

Certification of Church Delegate _____
 (signature of church clerk or secretary)

Return before May 25 to:
 Annual Meeting Registrar
 Iowa Conference UCC
 5609 Douglas Avenue
 Des Moines, IA 50310-1802

OVER for Workshop Registration

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48th Annual Meeting

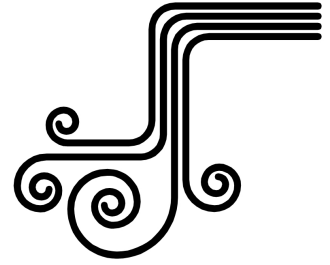
Iowa Conference of the United Church of Christ

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Workshop Registration
Friday, June 11, 2010 3:00 – 5:00
Blessings Flow
Iowa Conference United Church of Christ

Workshops will be filled on a first come, first served basis.

1st Choice _____

2nd Choice _____

3rd Choice _____

Workshop Registration
Saturday, June 12, 2010 10:00 – 12:00
Blessings Flow
Iowa Conference United Church of Christ

Workshops will be filled on a first come, first served basis.

1st Choice _____

2nd Choice _____

3rd Choice _____

Name _____

Address _____

Church _____

Blessings Flow

48th Annual Meeting

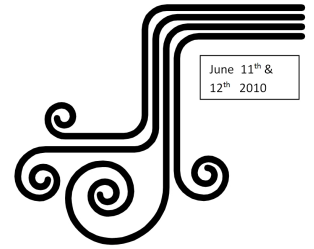
Iowa Conference of the United Church of Christ

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Grinnell College; Grinnell, Iowa

JUNE 11-12, 2010

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REQUEST FOR CHILD CARE

PLEASE NOTE: This is only to reserve child care services. You will be sent appropriate release forms once your reservation is received. Forms need to be filled out and returned to:
Iowa Conference UCC 5609 Douglas Avenue Des Moines, IA 50312-1802 by May 25th.

Child care is provided on site for children ages 3 months – 12 years old at no extra cost to participants. Please fill out the information below as best you are able.

Parent/Guardian Name(s) _____

1st Child's Full Name _____ Age _____

2nd Child's Full Name _____ Age _____

3rd Child's Full Name _____ Age _____

4th Child's Full Name _____ Age _____

Please mark the hours you would potentially need care. We understand that this is likely to vary.

Friday a.m. _____ 10:00 a.m. to 12:00 p.m. # of Children _____

Friday p.m. _____ 12:00 p.m. to 3:00 p.m. # of Children _____

_____ 3:00 p.m. to 6:00 p.m. # of Children _____

_____ 6:00 p.m. to 9:30 p.m. # of Children _____

Saturday a.m. _____ 7:00 a.m. to 10:00 a.m. # of Children _____

_____ 10:00 a.m. to 12:00 p.m. # of Children _____

Saturday p.m. _____ 12:00 p.m. to 4:00 p.m. # of Children _____