

Wee Kirk Conference – October 15-17, 2018

Registration Form

Participant Information

Last Name: _____ First Name (preferred): _____ Participating Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Other Phone: _____ Email: _____

Church Name/City/State: _____ Avg. # in Worship: _____ Presbytery: _____

Your age/spouse's age _____ Are you or your spouse an ordained pastor or CRE/CLP? _____

How did you hear about Montreat? _____ Is this your first time to Montreat? ☐ Yes ☐ No

Special Needs/Dietary Restrictions _____

If individual, do you prefer to room with a specific person: _____ OR have a ☐ male ☐ female roommate assigned?

If couple, do you prefer ☐ One bed (Queen or King)? OR ☐ Two twin beds? Do you need a ☐ Port-a-crib? ☐ Air Mattress?

Choose your track: ☐ Barnabas Track ☐ Missional Track ☐ Spiritual Formation Track ☐ Retreat Track

Choose your spouse's track: ☐ Barnabas Track ☐ Missional Track ☐ Spiritual Formation Track ☐ Retreat Track

Registration & Accommodations

INDIVIDUAL RATES: (check all that apply)

- ☐ \$180 - First time attendee with fewer than 100 in worship
- ☐ \$200 - Repeat attendee with fewer than 50 in worship
- ☐ \$230 - Repeat attendee with fewer than 100 in worship
- ☐ \$380 - Retired Clergy not serving a congregation
- ☐ \$380 - All others
- ☐ \$50 - Barnabas Track (Repeat Attendee) \$ _____

COUPLE RATES: (check all that apply)

- ☐ \$210 - First time attendee with fewer than 100 in worship
- ☐ \$240 - Repeat attendee with fewer than 50 in worship
- ☐ \$285 - Repeat attendee with fewer than 100 in worship
- ☐ \$760 - Retired Clergy not serving a congregation
- ☐ \$760 - All others
- ☐ \$75 - Barnabas Track (Repeat Attendee) \$ _____

CHILDREN'S MEALS: (check all that apply) **Please note: Child care is NOT available for this event.**

- | | | | |
|--|-----------------------|----------|------------------------|
| <input type="checkbox"/> \$25 per child – Children ages 5-11 | X # _____ of children | \$ _____ | |
| <input type="checkbox"/> No charge – Children under 5 | X # _____ of children | \$ _____ | Total: \$ _____ |

Payment Information

☐ I have read and agree to the refund policy as described on the conference page on www.montreat.org.

☐ Check enclosed (payable to Montreat Conference Center) Check # _____

☐ Charge to ☐ VISA ☐ MasterCard ☐ Discover

Charge Amount \$ _____ Card Number: _____ Security Code: _____

Signature: _____ Name on card: _____ Exp. Date: _____

Please sign and return completed form to Montreat Conference Center, Attn: Montreat Central; PO Box 969, Montreat, NC 28757, or fax to 828.669.5054 with credit card information. Questions? Contact the registrar at 828.419.9829, or email SusanA@montreat.org.