

UURMaPA WINTER CONFERENCE
Registration Form
January 29-31, 2018
Franciscan Center
3010 N Perry Ave
Tampa, FL 33603-5345

Please register me/us for the UURMaPA Winter Conference in Tampa, FL. The fee covers the program, two nights in a sleeping room with bath, six meals, social refreshments and general expenses. The commuter fee covers all except the sleeping room.

Name(s) as they should appear on name tag:

Name #1: _____ Circle one: Minister Partner
Name #2: _____ Circle one: Minister Partner

Address: _____ City: _____ ST: _____ Zip: _____

Email Address: _____ Phone: _____
Email Address: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Accessibility needs: _____ Dietary Restrictions: _____

If not listed above, I will share a double room with: _____

Double Room Registration fee at \$260/person	\$ _____
Single Room Registration fee at \$300	\$ _____
Commuter fee at \$160	\$ _____
Contribution for Scholarships	\$ _____
TOTAL ENCLOSED:	\$ _____

Requests for financial assistance should be addressed to Joel Weaver: weaver_je@hotmail.com or 535 Gradyville Road, Unit V-212, Newtown Square, PA 19073

Make check payable to: UURMaPA and mail it with this registration form to:
Lois Wesener, Registrar
1202 East Kenmore Place
Milwaukee, WI 53211

The Retreat Center has limited room availability of the various room choices. Send in as soon as possible and no later than December 15, 2017. Questions: Lois at 414-963-9590 or loisw99@hotmail.com