42nd Annual
United Conference
for Women
Oct 19 - Oct 21, 2018

KALAHARI RESORTS & CONVENTIONS
7000 Kalahari Drive
Sandusky, OH 44870

One Form
Per Registration
Fill out this form and mail along with a registration fee to:

United Conference for Women
PO Box 3894
Southfield, MI 48037
OR
ONLINE at
www.ucfw.com

Conference DEADLINE
9/30/2018

(NON-REFUNDABLE)
REGISTRATION FEE
$120.00 Per Person
$100.00 per person 12-17 yrs.
$10.00 Late Fee After Deadline
$130 Onsite Registration Fee

Pay Registration by:
Money Order
OR
Cashier Check
made payable to UCW
OR
Credit Card
NO CHECKS OR CASH

Conference Registration 2018

Please print clearly

First Name _____ M.I. _____

Last Name _____

Address _____ Apt. # _____

City _____ State _____

Zip Code _____ - _____ Area Code _____ Daytime Phone # _____ - _____

Area Code _____ Evening Phone # _____ - _____ Arrival Date _____/_____/_____

EMAIL Address _____

☐ I am the **GROUP LEADER** responsible for the UCW Conference Registration for **10 or more**.
I will be picking up the Registration materials for our group.

Age Group: _____ ***12-17*** _____ ***18-25*** _____ ***26-40*** _____ ***41-50*** _____ ***51-59*** _____ ***60+***

Total # in the Group _____ **Group Bus?** ____**Yes** ____ **No** **Bus Arrival Time** _____

Group /Church Name

_____

_____

PAYMENT TYPE:

Money Order ☐ **Cashier Check** ☐ **OR** **Guarantee To:** **VISA** ☐ **Master Card** ☐ **Am Ex.** ☐ **Discover** ☐

Credit Card # _____ Expiration Date _____ Security Code _____

Name as it appears on the Card _____

Signature: _____

FOR OFFICE USE ONLY

Registration #: _____ Date Rec'd: _____/_____/_____

Amount _____ ● _____ Staff ☐ Group ☐ Initials _____

Comments: _____

_____

_____