

2018 ANNUAL CONFERENCE HOUSING & MEAL PLAN REGISTRATION

Wednesday, June 6 through Saturday, June 9, 2018

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

CHURCH NAME _____

CHECK ALL THAT APPLY: SINGLE COUPLE YOUTH RETIRED PASTOR

SURVIVING SPOUSE

The Board of Pensions covers Meal Plan 1 and accommodations for all retired pastors/spouses and surviving spouses.

ACCOMODATIONS

Double Occupancy - \$25 per night per person

Single Occupancy - \$27 per night per person

*** LINENS WILL NOT BE PROVIDED ***

Please list the names of those staying each night and circle gender

Wednesday

_____ M F _____ M F _____ M F

Thursday

_____ M F _____ M F _____ M F

Friday

_____ M F _____ M F _____ M F

Accommodation Sub-total _____ (total # of nights stayed) X \$25.00 (\$27 for Single Occupancy) = _____

Please note: Every effort will be made to accommodate guests with physical restrictions or dietary issues.

However, there are a limited number of first floor rooms available.

It is not possible to accept requests for specific dormitories due to the large number of registrants.

Annual Conference Registration continued

MEAL PLANS

Meal Plan 1 - \$75.00 Includes dinner Wednesday. Breakfast & Lunch Thursday. Breakfast, lunch and dinner Friday. Breakfast Saturday. ****This meal plan does not include Dinner Thursday night**

Meal Plan 2 - \$20.00 Includes lunch Thursday, Friday

Meal Plan Cost

_____ (Number of Plan 1) X \$75.00 = \$ _____

_____ (Number of Plan 2) X \$20.00 = \$ _____

Meal Plan Sub-total \$ _____

All retirees and their spouses must register for a meal plan to obtain a wrist band even if staying off campus.

Meal plan wrist bands must be worn to eat in cafeteria.

Meal plans do not include catered breakfasts or luncheons.

PAYMENT METHOD (check one)

- Paid for by Board of Pensioners
- Master Card
- Visa
- Discover
- Money Order
- Check made payable to Centenary College

Card/Money Order # _____

Expiration Date _____

Name on Card _____

Signature _____

Do you have any physical restrictions or dietary issues / allergies? ___ Yes ___ No

If Yes, please list: _____

TOTAL PAYMENT

Accommodations \$ _____

Meal Plan(s) \$ _____

Total \$ _____

MAIL REGISTRATION FORM TO:

Centenary College
Attn: Community Services
2911 Centenary Boulevard
Shreveport, LA 71104

CONTACT US:

Please direct questions to:
Conference & Events Coordinator
Phone: 318-869-5778
Email: events@centenary.edu

Registration Dates: April 1 - May 15, 2018

****Please check in at James Hall****