



### Registration Form

## First Annual AFSI Alumni Association Retreat 2016

Stony Point Center, 17 Crickertown Rd., Stony Point, New York 10980 (845)786-5674

#### Registrant Information

Name:	Address:	
	Street:	
	City/State/ Zipcode	
Name for Nametag:	Phone:	
Email:	AFSI Graduate: Yes: No:	Year Graduated:

#### Emergency Contact Information: (In case of emergency whom should we contact?)

Name:	Phone #:
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#### Conference Registration/Fees includes Lodging and Meals:

As we have a limited number of seats, please send a deposit of \$100 due as soon as possible, before August 31<sup>st</sup>. Full payment is due by September 30<sup>th</sup>.

<b>2016-2017 Alumni Membership</b> If you have not paid your annual Alumni dues (Jun 2016 – Jun 2017), please add \$25.	<b>\$25</b>
<b>Full Conference (per person)</b> Please let us know if you have a roommate preference, or one will be assigned.	<b>\$280</b>
<b>Full Conference (per person):</b> If you want to have a room to yourself.	<b>\$400</b>
<b>Full Conference Commuter:</b> If you are not staying the night.	<b>\$160</b>
<b>Total submitted:</b>	

#### Guests and Lodging on Non-Conference Nights: \$110

Lodging for non-conference nights before and after event. (includes meals)

**Reservations and payment for all lodging before and after the conference must be made with the Stony Point Center.**

<b>Payment of Conference Fees:</b>	<ol style="list-style-type: none"> <li>1. Make check payable to <i>All Faiths Seminary International</i>. Include in Memo - Alumni Conference Registration</li> <li>2. Mail to: <i>Rev. Dr. Doris T. McGuffey</i> <i>AFSI Alumni Association</i> <i>P.O. Box 117,</i> <i>Shady Side, MD 20764</i></li> </ol>
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**Meals:** All meals are included in the registration fee. Food Service: vegan, vegetarian and meat.

#### Travel Arrangements:

Please contact the Stony Point Center to arrange pick-ups at airports and Amtrak.

*A special discount is available from Newark airport. Call 845-786-5674.*

#### Conference Volunteer:

Are you willing to support the Conference as a volunteer? Yes \_\_\_ No \_\_\_

If Yes, please select from this list of service opportunities: Registration: Set up/Clean up:

Information Table: Retreat Altar: Holy Helpers: Entertainment:

#### For additional information, please call the Conference Retreat Planning Team

Rev. Dr. Kathleen T. Regan Program/516-659-9129	Rev. Dr. John Krysko President/914-483-7376	Rev. Dr. Doris T. McGuffey Registration/301-928-2865
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#### For Official Use Only:

Registration #: \_\_\_\_\_ Paid by Money Order #: \_\_\_\_\_ Paid by Check #: \_\_\_\_\_