



## FIFTEITH CONFERENCE ANNUAL MEETING

First United Methodist Church, 72 Lake Morton Dr, Lakeland, FL 33801

November 4, 2023 – 9:45 AM. – 3:00 PM

# “ANSWERING OUR CALL TO ACTION TODAY”

Please complete the REGISTRATION FORM for CONFERENCE ANNUAL MEETING and **mail to reach the Registrar no later than October 20, 2023. All attending must register.** Please send each individual registration on a separate form (form may be duplicated). The registration of \$25.00 includes meeting and lunch. The **REGISTRATION FEE OF \$15.00 IS FOR THE MEETING ONLY (NO LUNCH).** Make check payable to **Florida Conference United Women in Faith. The Program Booklet will be emailed to all attendees. A pre-paid printed copy will be available for \$3.00. Check the box below.**

Registration may also be done online at <https://forms.gle/3wYfea18LEaguEvYA>

Registration begins at 9:00 a.m. on the day of the meeting in the sanctuary narthex. There will be no refunds for cancellations after October 27, 2023.

Be sure YOUR NAME IS PRINTED ON THE FORM AS YOU WOULD LIKE IT ON YOUR NAME TAG.

**Send the registration form to:** Donna Spear, 5107 N Seminole Ave, Tampa, FL 33603

E-mail questions to: [donnaspear.umw@gmail.com](mailto:donnaspear.umw@gmail.com) or phone her at 813-293-4281.

Be sure to use **Conference Annual Meeting** in the subject box when sending e-mail.

**FLORIDA CONFERENCE ANNUAL MEETING 2023** Reg # \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ District \_\_\_\_\_ Local Unit and City \_\_\_\_\_

Check all that apply: Conference/District Officer \_\_\_ Current 2022 Local Unit President \_\_\_ Local Unit Member \_\_\_

Bishop \_\_\_ Deaconess/Missionary \_\_\_ Pastor \_\_\_ District Superintendent \_\_\_ Member of Conference CON \_\_\_

Member of District CON \_\_\_ Alternate, replacing Local President as a voting delegate \_\_\_ Visitor \_\_\_

Nominee \_\_\_ First Time attendee: Yes \_\_\_ No \_\_\_

Child Care Needed \_\_\_\_\_ Ages of Children: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Request: Signing for hearing impaired \_\_\_ Need language translation (language) \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Relation \_\_\_\_\_

Area Code and phone number \_\_\_\_\_

**Enclosed:** \_\_\_ \$25.00 (meeting and lunch) \_\_\_ \$15.00 (meeting only) Program (Printed) \_\_\_ \$3.00