

**FLORIDA CONFERENCE UNITED METHODIST WOMEN**  
**FORTY SIXTH CONFERENCE ANNUAL MEETING**  
First United Methodist Church, 72 Lake Morton Dr, Lakeland, FL 33801  
November 9, 2019 – 10:00 AM. – 4:00 PM

***“A HERITAGE TO SHARE”***

Please complete the REGISTRATION FORM for CONFERENCE ANNUAL MEETING and **mail to reach the Registrar no later than October 19, 2019. 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 \$12.00 IS FOR THE MEETING ONLY (NO LUNCH).** If you register on-site, you will not be able to have lunch at the church. We need a count for lunch by the **15th of October.** Make check payable to **Florida Conference United Methodist Women.**

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 19, 2019.

Be sure YOUR NAME IS PRINTED ON THE FORM AS YOU WOULD LIKE IT ON YOUR NAME TAG.  
**Send the registration form to:** Ethel Ewing, 823 Lakeside Ct. Lakeland, FL 33815  
Telephone 863-680-4072 Home 863 370-8757 Cell E-mail: ethelewing@msn.com  
Be sure to use **Conference Annual Meeting** in the subject box.

**FLORIDA CONFERENCE ANNUAL MEETING 2019** Reg # \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

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

Check all that apply: Conference/District Officer\_\_\_ Current 2019 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) \_\_\_\_\_ \$12.00 (meeting only)