

WOMEN'S MISSIONARY COUNCIL

Executive Board Meeting – February 10 – 13, 2025 Marriott Long Beach Downtown 111 East Ocean Blvd. Long Beach, CA 90802 - US Dr. Jacqueline I. Scott, Council President Patron Bishop, Charley Hames, Jr.

OFFICIAL REGISTRATION FORM

Title: (Please Check) [] Mr.	[] Mrs. [] Ms. []	Rev. [] Dr. [] R	ev. Dr. [] Bishop [] Elder	
First Name	Last	Name	MI	
Mailing Address				
City State Postal Zip Code				
Telephone: Day () Evening ()			Fax ()	
E-mail				
Episcopal District: 1 2 3 4 5	67891011A	nnual/Region Con	ference:	
Bishop Region President				
Status: (Check all that apply)				
Council Officer	□Judicial Council Member		Executive Board	
□Past Council Officer	□Head of Educat	ional Institution	□Region President	
□Bishop	□Lay Member		□Rossie T. Hollis	
□Bishop Spouse/Widow	□Clergy		□Mattie E. Coleman	
□General Officer	□Presiding Elder		□Phyllis H. Bedford	
Connectional Officer	□First Time Atte	ndee	Commission/Committee Cha	
CONVENTION REGISTRAT				
submitting.	D (11)	@ 275.00		
General Registration (includes Banquet ticket)		\$ 275.00 \$ 50.00		
□Prayer Breakfast		\$ 50.00		
President's Luncheon		\$ 60.00		
□Guest Meals		□\$60.00 Prayer Breakfast		
		□\$70.00 President's Luncheon		
Total Included		□\$90.00 Executive Board Banquet \$		
		₅ □\$ 300.00		
□Late Registration after Jan 10, 2025 – Feb 1, 2025 (includes Banquet ticket)				
(includes ballquet ticket)		□\$60.00 Prayer Breakfast		
Must be received or purchased online by Feb1, 2025		□\$00.00 President's Luncheon		
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□On-site Registration Fee (no meals available)				
Total Included		\$		
Note: Refunds will only be granted upon receipt of written request prior to Jan 10, 2025				
Medical & Health Information:				
Are you physically challenged?		lo N/A		
Do you require special dietary meals? [] Yes [] No N/A Please identify:				
Other: N/A			5	
In case of Emergency, contact: N/A				
Name: Relationship: Phone:				
Submitted by:		Date:		
Please submit completed form w	vith Conference Ch		Checks), Cashier Check or	
Money Order made payable to:			**	

Mail form to: Mrs. Willa Terry- P.O. Box 5072 – Holly Springs, MS 38634 (662) 252-9480 for registration by mail. Online registration is available at: <u>https://cmewmc.org/eb2025</u>

Waiver of Liability				
Name	N/A	Date		
By virtue of the above signature(s) I/We hereby release and relieve the Women's Missionary Council of the Christian				
Methodist Episcopal Church, their members or agents, from all responsibility/liability for any personal/physical injury,				
damage, loss of property, accident or any other loss of any kind, whether alleged to be caused by act or omission arising from				
attendance as a delegate, guest or visitor at the Women's Missionary Council Executive Board Meeting.				