

**NORTHEASTERN CONFERENCE
DEPARTMENTAL TRAINING CONVENTION
Albany, New York
February 14-17, 2010
Registration Form**

**Print two copies of this document
Fill both out. Send one in and keep one for yourself.**

Church: _____ Department: _____

Name: _____ Home Address: _____

(Mr., Mrs., Ms .- Please circle one)

City _____ State _____ Zip: _____ Phone # (____) _____

Cell phone _____ Email _____

Choose from the following:

() **One** Adult in a room - \$450.00.....= \$ _____

() **Two to Three** Adults in a room.....\$250 **per person** x _____ persons = \$ _____
(Indicate how many)

() **per child** (age 5-17)\$50 x _____ children = \$ _____
(Indicate how many)

() **Seminars Only** – Includes Banquet (No Hotel).....\$80 x _____ persons= \$ _____

Total Amount Due: \$ _____

Amount Enclosed \$ _____

Balance Due \$ _____

Roommate/children Information

Circle one:

Print Name(s) here:

Roommate/child 1. _____

Roommate/child 2. _____

Roommate/child 3. _____

Special Requests:

Please indicate any hotel preferences or special requests that you may have. (Not Guaranteed!)

Final Payment Due on or before December 14, 2009 – No Refunds after this date!

Please make checks payable to the Northeastern Conference Sabbath School Department and mail to:

SABBATH SCHOOL DEPARTMENT
NORTHEASTERN CONFERENCE OF SDA
115-50 MERRICK BOULEVARD, JAMAICA, NY 11434

White Copy – Office

Yellow Copy – Delegate

Pink Copy – S.S. Superintendent

Minimum of \$100 deposit needed per person per form

Signature _____