



*Women's Home and Overseas Missionary Society
African Methodist Episcopal Zion Church
27th Quadrennial Convention * Registration Form*

July 23 - July 29, 2011

Hilton Americas - Houston Hotel and the George R. Brown Convention Center, Houston, Texas

Dr. Barbara L. Shaw, General President

Mrs. Camille C. Starnes, Host Missionary Supervisor • Bishop Darryl B. Starnes, Host Bishop

NAME _____ / _____ / _____
(Last) (First) (MI) (Mrs., Ms., Rev., Dr., Mr., etc.)

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone: Day _____ Evening _____

Fax _____ Email _____

Episcopal District _____ Annual Conference _____

District _____

Bishop _____ Missionary Supervisor _____

Status: (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> District President | <input type="checkbox"/> District Secy. Bureau of Supply | <input type="checkbox"/> Past Executive Board Member |
| <input type="checkbox"/> District Coordinator of Yams | <input type="checkbox"/> District Chrm. Life Members | <input type="checkbox"/> Non- Voting Registrant |
| <input type="checkbox"/> District Secretary of Y's | <input type="checkbox"/> District Youth Delegate | <input type="checkbox"/> Member of the Clergy |
| <input type="checkbox"/> District Supt. of Buds | <input type="checkbox"/> Annual Conference Delegate | _____ |

1. CONVENTION REGISTRATION

(Registration includes Agape Luncheon, Prayer Breakfast, Banquet, Journal, one Departmental Study Book, and convention kit.)

Delegate Registration (**Due by** February 28, 2011) \$350.00

Non-voting Registration (Prior to June 30, 2011) \$350.00

Non-Voting Registration (July 1, 2011 - On Site) \$400.00

Hotel reservations will be available upon receipt of paid Convention Registration.

2. ADDITIONAL EVENT TICKETS

	Number of Tickets	Total Cost
<input type="checkbox"/> Retirement Celebration	\$35.00 _____	\$ _____
<input type="checkbox"/> Agape Luncheon	50.00 _____	_____
<input type="checkbox"/> Quadrennial Banquet	65.00 _____	_____
<input type="checkbox"/> Prayer Breakfast	40.00 _____	_____
<input type="checkbox"/> MEAL PLAN (five breakfast and four dinner meals)	\$250.00 _____	

3. PAYMENT

Check Number _____

Total Enclosed \$ _____

MEDICAL & HEALTH INFORMATION

Do you require special physical accommodations?

If YES, please explain: _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Telephone: Day _____ Evening _____

Submitted by (Signature) _____ Date _____

Please submit completed form and check payable to: WH&OM SOCIETY QUADRENNIAL CONVENTION
Mail to: Rosetta J. Dunham, Executive Secretary • P.O. Box 26846 • Charlotte, NC 28221-6846
Refund for cancellation granted on written request prior to July 12, 2011. After this date, refund requests will not be honored. Thank you.