

**SYNOD OF THE NORTHEAST'S**  
**34<sup>TH</sup> ANNUAL RACIAL ETHNIC CONVOCATION**

**"CHURCH GROWTH, HOW TO GROW A CONGREGATION"**

**STONY POINT CONFERENCE CENTER**  
**OCTOBER 1-2, 2010**

**REGISTRATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ First time attending \_\_\_\_\_

First Name Preference on Name Tag \_\_\_\_\_

Adult or Youth \_\_\_\_\_ Male or Female \_\_\_\_\_ Clergy or Layperson \_\_\_\_\_

Caucus \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Presbytery \_\_\_\_\_ Church \_\_\_\_\_

I will arrive by: Car [ ] Bus [ ] Train [ ] Plane [ ]

Arrival at \_\_\_\_\_ Airport/Station \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Flight/Train \_\_\_\_\_

Departure:

Date \_\_\_\_\_ Time \_\_\_\_\_ Flight/Train \_\_\_\_\_

I will need the following arrangements:

Friday, October 1 Dinner \_\_\_\_\_ Overnight \_\_\_\_\_

Saturday, October 2 Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_

I would prefer to room with \_\_\_\_\_

*(There is a \$25.00 charge for a single room.)*

I will need the following special arrangements (i.e. Handicap Access, Special Dietary Needs, etc.)

ENCLOSED IS PAYMENT OF YOUTH=\$10 INDIVIDUAL=\$35 COUPLE=\$60.00

*Please complete and return to the Synod of the Northeast by September 16<sup>th</sup>*

*Nancy Lomberk*

*Synod of the Northeast*

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*East Syracuse, NY 13057-9360*

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