

ADVENTIST FAMILY CONFERENCE REGISTRATION FORM

First Name _____ M. _____ Last Name _____

Attending Spouse's Full Name _____

Address _____

City _____ State/Province _____ Zip _____ Country _____

Home Phone _____ Day-time Phone _____

Fax _____ E-Mail _____

Check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Current CFLE Certificate | <input type="checkbox"/> Conf./Union FM Director | <input type="checkbox"/> Conf./Union Administrator |
| <input type="checkbox"/> Pastor | <input type="checkbox"/> Local Church FM Coordinator | <input type="checkbox"/> Other |
| <input type="checkbox"/> I am a current member of AAFLP
(Adventist Association of Family Life Professionals)
10% discount on full conference registration
for current AAFLP members.† | <input type="checkbox"/> I would like to join AAFLP so I can
receive all the benefits and a 10% discount
on full conference registration.
(\$40 for 1-year AAFLP membership.) | |

Postmarked by April 30 Postmarked after April 30

PRE-CONFERENCE SEMINAR (Empowering Couples Training)*

(Thursday, July 21)

<input type="checkbox"/> Training Fee	\$135 per packet	\$145 per packet	\$ _____
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FULL CONFERENCE (select all which apply)

(Friday, July 22 - Sunday, July 24)

<input type="checkbox"/> Conference Fee <i>One complimentary banquet ticket included per full registration</i>	\$109	\$125	\$ _____
<input type="checkbox"/> Persons registered for Andrews University Certificate Courses*	no charge*	no charge*	\$ -0-
<input type="checkbox"/> Attending Spouse+	\$ 70	\$ 85	\$ _____
<input type="checkbox"/> Student Rate+	\$ 55	\$ 70	\$ _____
<input type="checkbox"/> Student Spouse Rate+	\$ 30	\$ 45	\$ _____

-OR-

CONFERENCE OPTIONS (Select One)

<input type="checkbox"/> Friday Only+	\$ 55	\$ 70	\$ _____
<input type="checkbox"/> Sunday Only+	\$ 55	\$ 70	\$ _____

BANQUET TICKETS \$20 for each additional guest # _____ Tickets @ \$ 20 \$ _____

CEU Credit \$20 per person (Only one CEU Credit available for full conference.)
(Attendees will receive their CEU Certificate in the mail within 3 weeks after the conference.) \$ _____

DISCOUNTS

‡ AAFLP Membership Discount	-10.90	-12.50	\$ _____
AAFLP Membership \$40 for 1-year membership			\$ _____

*To register for these courses, contact the AU Family Life office directly (see page 8).
*Please note: Weekend workshops may require additional materials fees to be paid directly to seminar leader at meeting time.
One packet per couple.
†Does not include cost of banquet, purchase banquet ticket separately.

(A) AFC Total	\$ _____
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Continue filling out registration form on reverse side. ↓

MEALS

Plan A: Meal Card. I wish to purchase a campus meal card for Terrace Cafe.* Families and friends can use one meal card. An adult meal costs an average of \$7.00. Meal cards are sold in the following amounts: \$15.00, \$20.00, \$30.00, and \$50.00. Unused portions of meal cards can be redeemed upon their return to guest services.

Dollar Amount on Meal Card: \$ _____

Plan B: On my own. I will purchase meals off-campus or individual meals in the Terrace Cafe.* \$ -0-

(B) Meals Total \$ _____

*Terrace Cafe accepts only Meal Cards during Sabbath hours.

HOUSING ACCOMMODATIONS (Andrews University)

Housing will be available at Andrews beginning the night of Thursday, July 21, 2005. Make your arrangements early.

Date of arrival: ___/___/___ Date of departure: ___/___/___

Lodging Preference:

Plan A: Double occupancy, air-conditioned, semi-private bath -----\$33.00 x ___ nights = \$ _____
Name of Roommate: _____

Plan B: Double occupancy, air-conditioned, community bath -----\$30.00 x ___ nights = \$ _____
Name of Roommate: _____

Plan C: Single occupancy, air-conditioned, semi-private bath -----\$26.50 x ___ nights = \$ _____

Plan D: Single occupancy, air-conditioned, community bath -----\$23.50 x ___ nights = \$ _____

Cancellations must be received by 9 a.m. on date of arrival to avoid a one night no-show accommodation charge.

(C) Housing Total \$ _____

Accommodation information: <http://www.andrews.edu/visitors>

Please add totals A, B, & C **Total Amount Enclosed** \$ _____

PAYMENT OPTIONS:

Check or money order enclosed (payable to Andrews University)

VISA MasterCard Discover American Express

Credit Card # _____ Exp. Date: _____ Signature: _____

REFUND POLICY: *There will be no registration refunds. If you are unable to attend the conference, please consider it a ministry opportunity to transfer your registration to someone else by calling Andrews University Guest Services. (This policy does not apply to meals and/or housing accommodations.)*

Go to <http://www.adventistfamilyministries.org> for additional copies of this registration form.

Adventist Family Conference Registration

Phone: Guest Services, 269-471-3295, option 1

Fax: 269-471-6650

Mail: Adventist Family Conference, Guest Services
Andrews University
Berrien Springs, MI 49104-1000

E-mail: visitors@andrews.edu