

Registration Form

Persevering for Justice & Peace: Celebrating 50 Years at Seabeck

Fellowship of Reconciliation's 50th Annual Northwest Regional Conference
July 3 - July 6, 2008, Seabeck Conference Center, Seabeck, Washington

Please fill out name and gender for each person. For more than 3 people use a second form or the back of this one. Please indicate age for each person under 18, and indicate up to 3 workshop choices in the boxes below for each person interested in participating in them, using the numbers from the brochure. Workshop choices are not binding, but are intended to help the planning committee in scheduling. Continue on back or separate paper for special requests.

1) _____ (name) _____ (F or M) _____ (age) up to 4 workshops

Dietary: no red meat vegetarian vegan For Sun evening: salmon or veg option

Other dietary (such as allergies) _____

Volunteer Jobs (more opportunities at Conf) _____

2) _____ (name) _____ (F or M) _____ (age) up to 4 workshops

Dietary: no red meat vegetarian vegan For Sun evening: salmon or veg option

Other dietary (such as allergies) _____

Volunteer Jobs (more opportunities at Conf) _____

3) _____ (name) _____ (F or M) _____ (age) up to 4 workshops

Dietary: no red meat vegetarian vegan For Sun evening: salmon or veg option

Other dietary (such as allergies) _____

Volunteer Jobs (more opportunities at Conf) _____

Cost includes 8 meals and 3 nights' lodging	Number of people - @room & meals rate											
Please list the number of people aged:	17+		12-16		3-11		0-2		line total \$			
Shared room with private bath (no single rooms)	<input type="checkbox"/>	@\$175	<input type="checkbox"/>	@\$132	<input type="checkbox"/>	@\$87	<input type="checkbox"/>	free=	<input type="checkbox"/>			
Single room, adults only shared bath down the hall	<input type="checkbox"/>	@\$175						=	<input type="checkbox"/>			
Inn or Reeser House - shared room shared bath down the hall	<input type="checkbox"/>	@\$161	<input type="checkbox"/>	@\$121	<input type="checkbox"/>	@\$80	<input type="checkbox"/>	free=	<input type="checkbox"/>			
Pines, Maples - shared room shared bath down the hall	<input type="checkbox"/>	@\$145	<input type="checkbox"/>	@\$105	<input type="checkbox"/>	@\$70	<input type="checkbox"/>	free =	<input type="checkbox"/>			
Other Houses - shared room shared bath down the hall	<input type="checkbox"/>	@\$134	<input type="checkbox"/>	@\$101	<input type="checkbox"/>	@\$66	<input type="checkbox"/>	free =	<input type="checkbox"/>			
Thurs. Evening Meal in Dining Hall	<input type="checkbox"/>	@\$4/per person (All ages)						=	<input type="checkbox"/>			
Day Use (all ages, no meals or lodging)	<input type="checkbox"/>	@\$25 for full 3-day conference						=	<input type="checkbox"/>			
See http://www.seabeck.org for info on lodging options								Subtotal =	<input type="checkbox"/>			
Registration fee - times the # of people 18 or older								<input type="checkbox"/>	@55	\$50 if received by May 23!	=	<input type="checkbox"/>
Donation to scholarship fund to help low income people attend conference										=	<input type="checkbox"/>	
Donation to conference to keep registration fees low for everyone										=	<input type="checkbox"/>	
Make checks payable to: FOR Seabeck Conference 2008								Total =	<input type="checkbox"/>			

We will assume your party wants lodging together unless otherwise indicated. If 2 adults indicate "couple," an effort will be made to assign them to their own room.

(Canadians: Canadian money accepted as if U.S.)

Check appropriate boxes

Total is enclosed

Scholarship of _____ granted, balance enclosed

Payment of _____ enclosed, scholarship pending

Other - please enclose note

Address _____ **City** _____ **State** _____ **Zip** _____

Phone day (_____) - _____ eve (_____) - _____ (include area code)

Email _____

If different members of your party have different addresses or phone numbers, please provide info on back. Check the box if you **don't** want your phone number or email listed on the conference roster. **no tel #** **no email**

Special needs, preferences, and other information: (include special access needs, housing preferences such as double bed or twin beds, if you snore loudly, etc.) - please specify on the back of this form

Carpooling: I / We have space for _____ riders. I / We _____ (number of people) need a ride.

Please return this form by May 23rd to: Janet Brown, 1780 Church Street NE, Salem, OR 97301
After that time, phone 503-585-5436 or email jtb42@comcast.net to inquire about space.

PLEASE HELP US! We must inform Seabeck Center of our attendance numbers by May 28, or face penalties. Your registration by May 23rd will allow us to plan.