

**Presbytery of Yukon Fall Meeting >> October 10<sup>th</sup> & 11<sup>th</sup>, 2014**

**Hosted by New Hope Church in North Pole, Alaska**

It is important that **EVERYONE** return the registration form so that your name is on the master list and so that you will be assured of meals and a place to sleep. **The meeting will convene at 9am on both days.**

Name: \_\_\_\_\_ ☐ Male ☐ Female

Name Tag Preference: \_\_\_\_\_ First Time Commissioner? ☐ Yes ☐ No

I am attending as a(n):

- ☐ Teaching Elder (Minister)  
☐ Ruling Elder Commissioner  
☐ Officer

- ☐ CRE (CLP)  
☐ Leadership Team (Council) Member  
☐ Staff/Other/Guest

What Church/Organization/Presbytery are you from? \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**PLEASE ANSWER ALL OF THE FOLLOWING:**

**I will be attending the following:**

- |  |   |
|--|---|
| <input type="checkbox"/> COM: 6pm-9pm Wed. & 3pm-6pm Thursday        | <input type="checkbox"/> CPM: 4:30-6 pm Thursday                  |
| <input type="checkbox"/> Joint Parish Meeting: 10am -3pm Thursday    | <input type="checkbox"/> MIAC: 3-5:30 pm Thursday                 |
| <input type="checkbox"/> Leadership Team: 6pm Thursday (and dinner)  | <input type="checkbox"/> CRE Immersion Committee: 3-6 pm Thursday |
| <input type="checkbox"/> New Commissioner Orientation: 8:15am Friday | <input type="checkbox"/> CRE Breakfast: 7am Saturday              |

**Include me for the following meals:**

- ☐ Friday lunch ☐ Friday dinner ☐ Saturday lunch

**I will need housing for the following nights:**

- ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

**I have made my own housing arrangements.....** ☐ Yes ☐ No

I will be staying at: \_\_\_\_\_

**I will need ground transportation from the airport.....** ☐ Yes ☐ No

**I will need ground transportation to/from meetings.....** ☐ Yes ☐ No

From where? \_\_\_\_\_

Phone #: \_\_\_\_\_ (Be sure to include a contact phone number!)

**I can help provide transportation.....** ☐ Yes ☐ No

**I can provide housing for one or more people.....** ☐ Yes ☐ No

How many? \_\_\_\_\_ ☐ I am a smoker (but I can smoke outside)

**Any special needs or allergies:** \_\_\_\_\_

**Please complete and mail, email, or fax this form before SEPTEMBER 19<sup>th</sup>:**

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