

CONFERENCE FORM

PLEASE DETATCH AND MAIL, FAX OR SCAN & EMAIL THIS FORM

Print clearly, Use one form for each registrant

To:

Ms Sheryl Ann Reid
PAWI International General Conference
North East Trinidad District
#7 Balthazar Street, Tunapuna, Trinidad

Tel.: 1 868 662 6244 (Office)

Fax: 1-868-662-9453

Email: pawigeneralconference@gmail.com

PAWI Credential NUMBER: _____ **District:** _____

Name: _____
LAST FIRST OTHER

Name for Badge: _____

Ministry Title: _____

Church/Organization: _____

Mailing Address: _____

Area: _____ **City:** _____ **Country:** _____

Tel.: _____ **Fax:** _____

E-mail Address (Print clearly): _____

Status at conference (please tick):

Credential Worker: Delegate: Observer:

Accompanied by family members: Yes: No:

Number: _____

Relationship/s: _____

Accommodation: Hotel Guest House Rented Home Residence

Name of the chosen establishment: _____

Room Type *(kindly contact directly after requesting)*

Single Double

Special Dietary Requirements: _____

Other Requirements: _____

T Shirt Size: _____

Flight information:

Arrival:/...../2012:..... Flight Number: _____

Departure:/...../2012:..... Flight Number: _____

Note: This section is for host's information and to arrange transfers. Flight arrangements should be confirmed by your administration and details provided on this form prior to its submission.