

**Church:**

**City:**

**Phone:**

**Email:**

**Registration/Certification of Deputies Form**

144th Annual Convention; January 26-27, 2018

**PLEASE RETURN BY MONDAY, DECEMBER 4, 2017\***

**To complete the registration form as required, please follow the checklist provided on the back of this form. Please follow ALL instructions in red.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Check Box IF Attending** | **Names** *(with appropriate title)* | **Home Address** *(including zip code)* | **Phone w/Area Code**  **& Email Address** | **Amount to be Paid**  ***($190 includes meals)*** | |
| **CLERGY** | | | | | |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
| **LAY DEPUTIES *(Please list ALL elected lay deputies whether they are attending convention or not.)*** | | | | | |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
| **ALTERNATE DEPUTIES *(Please list ALL elected alternate deputies whether they are attending convention or not.)*** | | | | | |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
| **CERTIFICATION**  **This form not valid without signature and date** | The above communicants in good standing, and qualified voters in this Church, were duly elected as Deputies and Alternate Deputies to represent the Church in that body for the year ensuing. IN TESTIMONY OF WHICH I have set my hand and entered date of election.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***(signature of minister-in-charge, clerk, or warden) (date of election)*** | | **A: Total Due for Deputies**  *($190 for each deputy checked off as attending convention)* | | **$** |
| **Guests:** Please flip over and list Friday lunch and Friday dinner and Saturday lunch guests. | | | **B: Total Due for Guest Meals**  *(from other side)* | | **$** |
| **\*Payment and final dinner guest count MUST be received by Friday, January 5, 2018**  ***Please make checks payable to Diocese of Newark and return to:***Diocese of Newark, Convention Registration, 31 Mulberry Street, Newark, NJ 07102 | | | **Total Amount Due**  *(Sum of total due for deputies and guest meals in boxes A & B above)* | | **$** |

*For Office Use Only:* Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Entered: \_\_\_\_\_\_\_\_\_\_\_ Amt PD: \_\_\_\_\_\_\_\_\_\_\_\_ Chk#: \_\_\_\_\_\_\_\_\_\_\_

**PLEASE FOLLOW THESE INSTRUCTIONS**

**FOR COMPLETING THIS REGISTRATION FORM**

When filling out the registration form on the front, please use the following as a checklist and be sure to:

 **List ALL clergy and ALL lay deputies and alternates.**

*Each church is entitled to elect 3 lay deputies and 3 alternates of whom 3 attend convention with voting privileges.*

***If one of your deputies who plans to attend convention is unable to do so at the last minute, another deputy or alternate is allowed to replace him/her ONLY if listed and certified on this form****.* ***PLEASE be sure to list ALL deputies and alternates.)***

 Include home addresses with zip codes, phone numbers with area codes, and email addresses.

 Check the box in the leftmost column **(Check Box IF Attending)** for those clergy, lay deputies, and/or alternates who will be attending convention as part of your deputation this year.

 Indicate **amount due ($190)** for each deputy who will be attending convention. This fee includes all meals.

 **Certify the deputies** by filling in **the election date**

**AND** having the clergy-in-charge, clerk, or warden **sign** the form.

 In the grid to the right, list any guests who will attend Friday lunch (at $30 each) or dinner (at $50 each) and/or Saturday lunch (at $30 each). Please carry the total due for guest meals over to the front side of this form **in subtotal B**.

 Payment and final dinner guest count by **Friday, January 5, 2018 at the latest**. Checks should be payable to Diocesan Council with $190 for each deputy (this includes Fri. dinner and Sat. lunch), $50 for each dinner guest, and $30 for each Friday lunch and $30 for each Saturday lunch guest.

 Please mail form to:

Diocese of Newark, Convention Registration  
Attn: Randy Johnson

31 Mulberry Street, Newark, NJ 07102

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Schedule B - Guest Meals (*Guests that are not attending Vo-Tech workshops)***    **Name** | **Friday Lunch $30** | **Friday Dinner**  **$50** | **Saturday Lunch $30** | **Total** |
|  | $30 | $50 | $30 |  |
|  | $30 | $50 | $30 |  |
|  | $30 | $50 | $30 |  |
|  | $30 | $50 | $30 |  |
|  | $30 | $50 | $30 |  |
|  | $30 | $50 | $30 |  |
|  | $30 | $50 | $30 |  |
| **Total Due for Guest Meals**  *(please carry total over to front of form)* | **$** | **$** | **$** | **$** |

**GUEST\* RESERVATIONS for FRIDAY LUNCH & DINNER**

**and/or SATURDAY LUNCH**

Any guests who plan to attend the Friday lunch ($30) or Friday dinner ($50) or want to have lunch on Saturday ($30) MUST make reservations in advance. Please list any guests below. Dinner guests will be seated at your church’s table. However, there is no assigned seating for lunch.

*\*Guests do* ***NOT*** *include deputies who are registered as convention attendees. Their meals are included in the convention fee for deputies.*

**Guests who will be attending the Episcopal Vo-Tech workshops must register at http://e-payment.dioceseofnewark.org**

**Required!**