



**Florida Conference of Seventh-day Adventist
Disaster Response Training
Registration Form
Sept. 14-16, 2018**

First Name		Last Name	
Address:			
City		State	Zip
Email Address		Daytime Phone:	
Conference:			
<input type="checkbox"/> Florida <input type="checkbox"/> Southeastern <input type="checkbox"/> Other _____			
Church Name:			
Meal Options: (Please check one) <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan			
Please check the courses you wish to enroll in. Note: Certain course work MUST be approved by your conference ACS/DR director. If you have not received an invitation from your conference to enroll for that course it will be denied. No exceptions.			
Emotional and Spiritual Care		<input type="checkbox"/> Open Enrollment	

Registration fee is non-refundable. Please note the deadlines for fees.

Registration Deadline: Sept. 1, 2018 **Fee: \$55 per person**

Make check payable to: Florida Conference
Mail to: 351 S. State Road 434
 Altamonte Springs, FL 32714

For _____ Office
 Use Only: Do not write below the line.

Conference Official Confirmation:
 Approved by: _____
Signature

Confirmed w/registrant: ☐ Yes ☐ NO Date: ____/____/____