



Uniting Church in Western Australia

ANNUAL SYNOD 2017

9 September – 10 September 2017

(ABN 66 428 151 531)



REGISTRATION & PAYMENT FORM

2 DAY REGISTRATION - SATURDAY & SUNDAY - \$150

**VISITORS MAY ATTEND AS GUESTS OF THE SYNOD
PLEASE CONFIRM ATTENDANCE FOR CATERING PURPOSES**

(Please indicate your preferences)

PLEASE NOTE:

1. All catering is included in the cost of registration
2. Ensure your dietary requirements are noted below
3. Return this form no later than **Thurs, 31 Aug 2017**
4. Liaise with your church/agency regarding your costs

CONTACT DETAILS:

Name:
Address:
Suburb: Postcode:
Email: Phone:
Name of Appointing Body

DO YOU REQUIRE CHILDCARE FACILITIES:

Yes / No

(Child care can be provided. However, to ensure appropriate staffing is organised we need to know as soon as possible.)

DOCUMENTATION:

We encourage members to use electronic devices to download and view the reports and proposals. Please note the following:

- All supporting documents including Annual Reports will be available on the Uniting Church in WA website

HARD COPY OF ANNUAL REPORTS TO BE MAILED TO YOU

SPECIAL DIETARY NEEDS:

CREDIT CARD PAYMENT OPTION



(Please tick):

Credit Card No: _____

Expiry date: ___ / ___

Name on credit card _____

Please Print Clearly

Signed: _____ Amount: \$ _____

OTHER PAYMENT OPTIONS

Cheque - made payable to **Uniting Church in Australia** for the amount of \$ _____ is enclosed.

Electronic Funds Transfer

Westpac **BSB:** 036-001 **Account:** 92-1834 Uniting Church in Australia **Ref:** Synod 2017 (Name)

Ministers Benefit Account

I hereby authorise the amount of \$ _____ to be taken from my Ministerial Benefits Account to cover registration costs for Synod 2017.

Name: _____ Signed: _____

Please tick if payment is made by Congregation/Agency/School _____

Name

(Payments are not subject to GST)

PLEASE RETURN THIS FORM NO LATER THAN 31 AUGUST 2017

To Amanda Badenhorst at Uniting Church Centre GPO Box M952 Perth WA 6843 Fax: 9328 2731 Email:

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