



REGISTRATION 2020 GENERAL ASSEMBLY

(Please complete and return immediately to the Assembly Office)

PERSONAL INFORMATION			
Name:	Last name	Given name & initial	Title
Address:	Street number and name		Apt/Suite # (if applicable)
	City	Province	Postal Code
Phone No:	Residence	Office	Cell
Email:	First-time commissioner? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Presbytery:	Congregation:		
Emergency Contact:	Name		Phone number
Other Info:	Diaconal/Minister <input type="checkbox"/> Elder <input type="checkbox"/> YAR <input type="checkbox"/> Student <input type="checkbox"/> Resource Person <input type="checkbox"/>		
	Female <input type="checkbox"/> Male <input type="checkbox"/> Another Gender Identity <input type="checkbox"/>		

ATTENDANCE AT ASSEMBLY		
Date of arrival at university:	day/month	time (approximately)
Date of departure from university:	day/month	time (approximately)

ACCOMMODATION & MEALS	
Do you require a room for overnight stay during the Assembly? (Rooms are single occupancy with semi-private washrooms)	Yes <input type="checkbox"/> No <input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker <input type="checkbox"/>
For those who do not need accommodation, do you require a commuter meal package? (The commuter meal package is lunch and dinner only, no breakfast)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Specify your special dietary requirements , if any:	

SPOUSE/FRIEND		
Will you bring your spouse/friend? Yes <input type="checkbox"/> No <input type="checkbox"/>	Surname	Given name & initial
Will they require accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO, do they require a commuter meal package? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Specify their special dietary requirements, if any:		

(OVER)

NAME:

TRAVEL ARRANGEMENTS – Please read the **TRAVEL REGULATIONS** before completing.

ARRIVAL		
CAR <input type="checkbox"/>	If arriving by car , will you require parking? Yes <input type="checkbox"/> No <input type="checkbox"/>	
AIR <input type="checkbox"/>	*If arriving by air/train/bus , please submit your travel itinerary with this form and enter your arrival information below:	
TRAIN/BUS <input type="checkbox"/>		
Arrival date:	Arrival time:	Flight/train/bus #:
Do you require transportation from the airport to the university? Yes <input type="checkbox"/> No <input type="checkbox"/> (Airport shuttles will be arranged from Toronto Pearson, Hamilton and Kitchener airports)		
Indicate any other important arrival details below:		

DEPARTURE		
CAR <input type="checkbox"/>	*If leaving by air/train/bus , please submit your travel itinerary with this form and enter your departure information below:	
AIR <input type="checkbox"/>		
TRAIN/BUS <input type="checkbox"/>		
Departure date:	Departure time:	Flight/train/bus #:
Do you require transportation to the airport from the university? Yes <input type="checkbox"/> No <input type="checkbox"/> (Airport shuttles will be arranged to Toronto Pearson, Hamilton and Kitchener airports)		
Indicate any other important departure details below:		

BOOK OF REPORTS	
Do you require a printed copy of the Book of Reports? The cost is \$42 <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	A \$42 cheque is enclosed, payable to The Presbyterian Church in Canada
<input type="checkbox"/>	Call for my credit card information

OTHER INFORMATION
Please list any other information that may be helpful to the Assembly Office (such as special needs, hearing assistance, difficulty with stairs, difficulty walking any distance):