

**Mail in Registration Form**  
**"Moving Toward Wholeness"**  
**October 16-19, 2008**

at **The Summit Conference Center**, Browns Summit, NC  
Journey Conferences -- Seeds for Jubilee Foundation  
(336) 545-1200

**INSTRUCTIONS** Please complete this form and send it along with your payment to:  
*"Journey Conferences -- Seeds for Jubilee Foundation,"*  
P.O. Box 38844-8844, Greensboro, NC 27438-8844

**CONFERENCE REGISTRATION**

- In order to receive **the MOST Substantial Early Bird Discount**, your payment by check or money order **MUST be sent by August 1, 2008**. After that date, however, payment, with your credit card, can be made online from our website [www.journeyconferences.com](http://www.journeyconferences.com).
- ( We regret the *possibility* that NO reservations for lodging and meal packages can be made after **September 10, 2007**, due to Conference Center deadlines and policies.)
- The following fee schedule includes admission to the conference, meals, snacks & lodging from **4:30 PM Thursday, October 16 until 2PM Sunday, October 19, 2008**.

The fee varies based on the type of lodging arrangements you choose **according to schedule**, and is subject to change without notice. Please fill out the forms **completely** and check the dollar amount to the left of the arrangements you wish.

- If you are choosing to stay in the CABINS, (the Dormitory style housing (4 per room -- same gender )) you will need to bring your own pillow and blankets. In these cabins, all the beds we will use will be floor level and, per person, one set of sheets, a wash cloth and towel will be provided. Members of groups of 4 registering together for a cabin receive an added discount.
- A limited number of SINGLE ROOMS may be available. Please make your request for a single room on the registration form. The date of your registration will be a consideration. If we are able to honor your request and provide you a single room, you will be asked to pay an additional \$90.00 upon later notification.
- SCHOLARSHIPS may be offered on the basis of our available income and participants' available need. Those needing assistance, please do not hesitate to request it. Those receiving scholarships are asked to consider volunteer opportunities.

Refund Policy

90% refunds given for written requests postmarked by August 4, 2008. No refunds after that date --  
- except for :

50% medical emergency or family illness or death with appropriate letter of official authorization.

**SELECTIONS AND REQUIRED INFORMATION:**

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Check the box left of the fee All fees are per person '08	By Aug 1, '08		By Sept 10, '08	
<b>Commuter Rate</b> (no lodging needed, meals included)		<b>\$195</b>		<b>\$215</b>
<b>Double Occupancy Room</b>		<b>\$460</b>		<b>\$490</b>
<b>Group in Cabin</b> (Dormitory-- style) two large room cabin 4 per room indicate roommates in next section (offered as available)		<b>\$220</b>		<b>\$240</b>
<b>Individuals</b> (not registering w/ group) in Cabins (Dormitory-style) (offered as available)		<b>\$235</b>		<b>\$255</b>

\_\_\_ SINGLE Occupancy Room REQUEST (additional \$90.00 payment to be sent within 48 hrs. of notification of availability)  
(offered as available)

**Students (half- time or more) contact us for special student discounts with student Identification**

***ENTER FULL CONFERENCE FEE HERE \$ \_\_\_\_\_***  
***(and use this figure when filling out payment information below)***

(Note: All individuals, MUST REGISTER SEPARATELY regardless of housing arrangements)

ACCOMMODATION SELECTIONS – ADDITIONAL INFORMATION	
<b><u>Double Occupancy – Motel Style Housing</u></b>	
Your Room mate's Name _____ (or)	
___ Please Provide a Roomate	
<b><u>Group Registering for Cabin Accommodations (Dormitory-style 4 per cabin room)</u></b>	
<b>Room mate's Names (yours on #4)</b>	1. _____, 2. _____, 3. _____, 4. _____,
___ I understand that I will need to bring my own pillow and blankets and that one set of sheets, a wash cloth and towel will be provided.	

**Individual Registering for Cabin Accommodations (Dormitory-style 4 per cabin room)**

\_\_\_ I understand that I will need to bring my own pillow and blankets and that one set of sheets, a wash cloth and towel will be provided.

**Comments, Questions or Special Needs:** note that we will make best efforts, however, it may not be possible to meet all special needs requests. If you are vegan or vegetarian indicate that here.

## Volunteer Opportunities

In order to cultivate a community of generosity, all able participants are encouraged to contribute energy and talent to our life together at the conference.

- Please contact me to discuss how I can use my talents to help.  
 I am qualified to facilitate a dialogue group.  
 I have a special talent (eg music, dance or dance leadership, entertainment etc....)  
 work with the bookstore  
 provide hands-on help with set-up and clean-up etc....  
 I will bring my digital camera to take pictures for our conference closing ceremony slide-show.  
 Provide someone a ride to or from the airport (fuel expense to be reimbursed).  
 Other \_\_\_\_\_

## Transportation

I may want to share a ride and fuel expenses with a fellow registrant driving from or through my area.

(We may be able to help those registrants who choose this option to communicate in order for them to see what, if anything, can work. By checking this option, you give us permission to share enough of your contact information to help make this connection possible.)

## REGISTRATION and PAYMENT INFORMATION

NAME of REGISTRANT (for the Badge): \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/REGION: \_\_\_\_\_

POSTAL/ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

E-MAIL (Required unless none available): \_\_\_\_\_

Web Site (if applicable) \_\_\_\_\_

MAY WE SHARE YOUR NAME, CITY, AND EMAIL ON A LIST TO GO TO CONFERENCE ATTENDEES?  YES  NO

MAY WE SHARE YOUR NAME AND ADDRESS ON OUR GENERAL MAILING LIST?  YES  NO

## PAYMENT METHOD

- Check or Money Order  
 Amount Enclosed:  
 I am paying online by Charge Card by [date] \_\_\_\_\_ (available only after May 30)

**Liability Release:** (In order to satisfy legal requirements, you may be asked to sign liability release at on-site registration).

I agree to indemnify and hold harmless The Board of the Seeds for Jubilee Foundation and its members and anyone involved in planning and/or hosting Journey Conferences from any loss or damage to personal property or any personal damage or injury resulting from, caused by or occurring during or in connection with, my participation in a Journey Conference or program.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mail your check or money order, or note the credit card payment you are making before mailing, and this form to:

"Journey Conferences -- Seeds for Jubilee Foundation"  
P.O. Box 38844,  
Greensboro, NC 27438 – 8844

*Copy this completed form for your records.*

If you do not receive an e-mail confirmation or (U.S. mail, if you pay by mail) within 30 days.

Please contact our Central Office at  
[info@journeyconferences.com](mailto:info@journeyconferences.com)