

*The Episcopal Church in South Carolina*  
*225th Annual Convention - "A Call to All"*

November 13-14, 2015 at Holy Cross Faith Memorial, Pawleys Island, SC

**REGISTRATION FOR DIOCESAN CONVENTION**

**Name of Parish or Mission**

(Clergy who are not associated with a parish/mission, please begin on Page 3)

Is this a  Parish  Mission

Contact person for this registration (if we have questions) \_\_\_\_\_

Contact phone \_\_\_\_\_ Contact email \_\_\_\_\_

**LAY DELEGATES TO BE REGISTERED**

(Up to 4 for parishes, up to 2 for missions)

**Delegate 1**

\_\_\_\_\_ Title Last name First Name M.I.

\_\_\_\_\_ Delegate's address City, State, ZIP

\_\_\_\_\_ Phone number Email address

**Delegate 2**

\_\_\_\_\_ Title Last name First Name M.I.

\_\_\_\_\_ Delegate's address City, State, ZIP

\_\_\_\_\_ Phone number Email address

**Delegate 3**

\_\_\_\_\_ Title Last name First Name M.I.

\_\_\_\_\_ Delegate's address City, State, ZIP

\_\_\_\_\_ Phone number Email address

**Delegate 4**

\_\_\_\_\_ Title Last name First Name M.I.

\_\_\_\_\_ Delegate's address City, State, ZIP

\_\_\_\_\_ Phone number Email address

# *The 225th Annual Convention - The Episcopal Church in South Carolina*

## REGISTRATION FOR DIOCESAN CONVENTION — Page 2

### ALTERNATES TO BE REGISTERED

(Up to 4 for parishes, up to 2 for missions)

Note: If Alternates wish to attend the Convention, and are not called to serve as Delegates, they will need to register as visitors for the day of Convention. Please indicate if an Alternate plans to attend as a visitor.

**Visitor registration is \$50.00 and includes dinner on Friday and lunch on Saturday. For visitors that would like to attend the Friday night Eucharist and dinner, registration is \$25.00**

#### Alternate 1

\_\_\_\_\_

Title                      Last name                      First Name                      M.I.

\_\_\_\_\_

Alternate's address                      City, State, ZIP

\_\_\_\_\_

Phone number                      Email address

Will attend as a visitor on Friday and Saturday                       Will attend as a visitor for Friday Eucharist and meal only

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#### Alternate 2

\_\_\_\_\_

Title                      Last name                      First Name                      M.I.

\_\_\_\_\_

Alternate's address                      City, State, ZIP

\_\_\_\_\_

Phone number                      Email address

Will attend as a visitor on Friday and Saturday                       Will attend as a visitor for Friday Eucharist and meal only

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#### Alternate 3

\_\_\_\_\_

Title                      Last name                      First Name                      M.I.

\_\_\_\_\_

Alternate's address                      City, State, ZIP

\_\_\_\_\_

Phone number                      Email address

Will attend as a visitor on Friday and Saturday                       Will attend as a visitor for Friday Eucharist and meal only

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#### Alternate 4

\_\_\_\_\_

Title                      Last name                      First Name                      M.I.

\_\_\_\_\_

Alternate's address                      City, State, ZIP

\_\_\_\_\_

Phone number                      Email address

Will attend as a visitor on Friday and Saturday                       Will attend as a visitor for Friday Eucharist and meal only

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**REGISTRATION FOR DIOCESAN CONVENTION — Page 3**

**REGISTRATION FOR CLERGY WITH SEAT, VOICE AND VOTE or SEAT AND VOICE**

**Clergy 1** \_\_\_\_\_  
Title Last name First Name M.I.

Active Clergy                       Retired                       Deacon

\_\_\_\_\_  
Address City, State, ZIP

\_\_\_\_\_  
Phone number Email address

Registering with a parish/mission delegation: \_\_\_\_\_

OR registering separately from a parish/mission, with  Seat and Voice or  Seat, Voice and Vote

Where is this person canonically resident? \_\_\_\_\_

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**Clergy 2** \_\_\_\_\_  
Title Last name First Name M.I.

Active Clergy                       Retired                       Deacon

\_\_\_\_\_  
Address City, State, ZIP

\_\_\_\_\_  
Phone number Email address

Registering with a parish/mission delegation: \_\_\_\_\_

OR registering separately from a parish/mission, with  Seat and Voice or  Seat, Voice and Vote

Where is this person canonically resident? \_\_\_\_\_

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**Clergy 3** \_\_\_\_\_  
Title Last name First Name M.I.

Active Clergy                       Retired                       Deacon

\_\_\_\_\_  
Address City, State, ZIP

\_\_\_\_\_  
Phone number Email address

Registering with a parish/mission delegation: \_\_\_\_\_

OR registering separately from a parish/mission, with  Seat and Voice or  Seat, Voice and Vote

Where is this person canonically resident? \_\_\_\_\_

*(Please make additional copies of this page if more space is needed)*

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**REGISTRATION FOR DIOCESAN CONVENTION — Page 4**

**GUESTS AND SPOUSES REGISTERING WITH A DELEGATION**

If you would like to register guests, visitors or spouses who are coming with your delegation please include their information here. **Visitor registration is \$50.00 and includes dinner on Friday and lunch on Saturday. For visitors that would like to attend the Friday night Eucharist and dinner, registration is \$25.00**

**Name of Parish or Mission**

\_\_\_\_\_

**Visitor 1**

\_\_\_\_\_

Title

Last name

First Name

M.I.

\_\_\_\_\_

Address

City, State, ZIP

\_\_\_\_\_

Phone number

\_\_\_\_\_

Email address

Will attend as a visitor on Friday and Saturday

Will attend as a visitor for Friday Eucharist and meal only

**Visitor 2**

\_\_\_\_\_

Title

Last name

First Name

M.I.

\_\_\_\_\_

Address

City, State, ZIP

\_\_\_\_\_

Phone number

\_\_\_\_\_

Email address

Will attend as a visitor on Friday and Saturday

Will attend as a visitor for Friday Eucharist and meal only

**Visitor 3**

\_\_\_\_\_

Title

Last name

First Name

M.I.

\_\_\_\_\_

Address

City, State, ZIP

\_\_\_\_\_

Phone number

\_\_\_\_\_

Email address

Will attend as a visitor on Friday and Saturday

Will attend as a visitor for Friday Eucharist and meal only

*(Please make additional copies of this page if more space is needed)*

# *The 225th Annual Convention - The Episcopal Church in South Carolina*

## REGISTRATION FOR DIOCESAN CONVENTION — Page 5

All registrations (clergy, lay, visitor) include dinner on Friday evening and a bag lunch on Saturday.  
Workshop registrations include a bag lunch on Friday.

**Name of Parish or Mission** \_\_\_\_\_

### PAYMENT

	# Registered	Registration Fee	Total
Total Clergy Delegates		x \$75.00	\$
Total Lay Delegates		x \$75.00	\$
Total Alternates (not attending)		(no fee)	\$ 00.00
Alternates & Visitors registering to attend Friday & Saturday		x \$50.00	\$
Alternates & Visitors attending Friday night Eucharist and meal only		x \$25.00	\$
Total attending Friday workshop (please complete online registration to select workshops)		x \$15.00	\$
<b>Total Registration Payment</b>			\$
Contributions toward the cost of the Convention are greatly appreciated. Do you wish to make a donation?		Donation amount:	\$
<b>GRAND TOTAL</b>			\$

Please attach a check (or checks) payable to **The Episcopal Church in South Carolina**

In the Memo Line please write: *2015 Convention*

**REGISTRATION DEADLINE IS 12:00 PM MONDAY, OCTOBER 5, 2015**

**Mail to:**

The Episcopal Church in South Carolina  
P.O. Box 20485 Charleston SC 29413  
ATTN: Convention

**Email to:**

convention@episcopalchurchsc.org  
(Scan forms and attach as PDF)

**Deliver in person:**

(Monday- Friday 9-1)  
Diocese Office, Grace Episcopal Church  
98 Wentworth St.  
Charleston SC 29401

**Questions?** Call Lauren or Andrea  
at The Episcopal Church in South Carolina.  
(843) 259-2016

**Special Needs?** If you require a vegetarian or vegan meal or need childcare for the Friday night Eucharist and dinner Please contact Lauren or Andrea in the diocesan office.  
(843) 259-2016, convention@episcopalchurchsc.org

For office use only: Payment enclosed \_\_\_\_\_ Check # \_\_\_\_\_