

AEU MEMBERSHIP WORKSHOP REGISTRATION FORM

Please complete and mail this form and your check to:
AEU, 2 West 64th St, Ste 406, New York, NY 10023-7183
Tel: 212-873-6500

“Eliciting the Best in Our Societies: The Heart of the Pledge Drive”
with Mark Ewert, Congregational Stewardship Consultant

DATE: *Friday, October 24, 2014*
Saturday, October 25, 2014

TIME: *7:00 pm – 9:00 pm*
9:00 am – 4:30

pm

Registration/Doors Open: Friday 6:30 pm, Saturday 8:30 am

LOCATION & HOST: *The Ethical Culture Society of Westchester,*
7 Saxon Wood Road, White Plains, NY 10605
Telephone: *914-948-1120*
Web: <http://ethicalsocietywestchester.org/>

Please Print

Registrant's Name: _____

Address: _____

_____ ZIP _____

Phone number: (____) _____ - _____ (day) (____) _____ - _____ (eve)

E-mail address: _____

Society Name: _____

Your role in/office title for your Society: _____

Arriving Fri 10/24 _____ pm Arriving Sat 10/25 _____ am

WORKSHOP FEE CHOICE: *Lunch & Snacks are included for every registrant*

_____ \$65.00 (individual registration)

_____ \$60.00 (2 registrants from your Society)

_____ \$50.00 (3 or more registrants from your Society)

Travel Scholarships are available:

Please contact the AEU office: Tel: 212-873-6500 or Email: lmiller.aeu@gmail.com

Home Hospitality: Request must arrive no later than 10/10/14

_____ Yes. Number of Registrants _____ Member to Contact _____

Check enclosed (payable to the AEU) **OR** Please charge \$_____ to credit card:

(circle one): VISA MasterCard Discover American Express

Card Number: _____ Exp. Date mm/yy: _____

Card Security Code: _____ (cannot process charge without this. On most cards, the CSC is three digits long and printed on the back of the card, usually in the signature field.)

RETURN REGISTRATION FORM *no later* than 10/17/14