

2015 National APA Conference Registration

Sept 10-12
St. Louis, Missouri

Name _____

Address _____ City | State | Zip _____

Phone _____ Email address _____

Church/Governing Body/Agency _____ Region _____

Emergency Medical Contact Name _____ Emergency Contact Phone Number _____

Arrival Date | Time _____ Departure Date | Time _____

Is this your first national conference? Yes No

Please indicate the classes you will attend:

(classes are subject to changes due to emergency)

Thursday, September 10

- AM 8:30 – 11:15**
- Getting in Shape Fiscally 5.0
 - Coaching & Mentoring Skills 2.5
for Successful Leadership

- PM 1:15 – 4:00**
- Getting in Shape Fiscally – (continues) 5.0
 - Risk Management 2.5
 - Book of Confessions 2.5

Friday, September 11

- AM 8:45 – 11:30**
- Personal Investing 2.5
 - Church History 5.0
 - Directory for Worship 2.5

- PM 1:30 – 4:15**
- Fidelity Investments (one-on-one sessions)
 - Church History – (continues) 5.0
 - Legal Matters 2.5

Saturday, September 12

- AM 9:30 – 12:15**
- Polity I 5.0
 - Polity II 2.5

- PM 2:15 – 5:00**
- Polity I – (continues) 5.0
 - GA Entities 2.5
 - Core Principles of an Effective Meeting 2.5

Mail your registration form with check payable to:

Administrative Personnel Association
c/o Rose Miller, Interim Treasurer
First Presbyterian Church
4511 6th Avenue
Kearney, NE 68845

Conference Hotel is Hilton St. Louis at the Ballpark and may be accessed from the APA website (www.pcusa-apa.org) or by calling 877-845-7354, room rate is \$109/night plus tax. For phone reservations use discount code: APA National Conference! You must make your own hotel reservations.

Need a roommate? (request through the APA yahoo account) Roommate's Name _____

CONFERENCE COSTS

Conference Fee _____ \$425.00
(Includes attendee 3 breakfasts, 3 lunches, breaks, and Western Buffet Tailgate Party)

Friday Night Special Event \$44.00 per person \$ _____
Gateway Arch Riverboat cruise, includes buffet, Dixie band, cash bar – 7:30-9:30 pm

Add parking \$8/day for self-park or \$10/day for valet \$ _____

Please indicate any special dietary needs:

GUEST COSTS

Guest / Spouse Meals \$250.00 \$ _____
Guest Tailgate Party ONLY 50.00 \$ _____

Please indicate any special dietary needs of guest:

If you have been awarded a scholarship deduct amount here: \$ _____

If you wish to donate to the Scholarship Fund please add donation amount here: \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

REGISTRATION DEADLINE July 17, 2015