



Please keep a copy of this form in your unit's records.

Florida-Bahamas Synodical Women's Organization Event Data Collection Form

Conference: _____

Conference President: _____

Address: _____ Phone: _____

Name of Event: _____ Date of Event: _____

Location of Event: _____

CONFERENCE REGISTRATION FEE

\$5.00 x _____ Total number of participants and WELCA visitors \$ _____

(\$5.00 per person attending event **must** be forwarded to the SWO Treasurer; any expenses for the event must be taken from the registration fee over this \$5.00, e.g., you charge \$10.00 registration fee—all of the expenses for food, etc., must come from the \$5.00 charged in addition to the required \$5.00)

CONFERENCE OFFERING (required at **one** gathering each year) \$ _____

LOVE OFFERING (optional) \$ _____

TOTAL AMOUNT SENT TO SWO TREASURER \$ _____

List Names of Guests and Pastors in Attendance:

Complete both sides of form.

Within 10 days of the event, please forward this completed form to the SWO Treasurer. Please attach check made payable to the Florida-Bahamas SWO for the amount in the line marked "TOTAL AMOUNT SENT TO SWO TREASURER." Then send a copy of this form, along with the Conference registration form and minutes to the SWO Secretary, SWO Conference Coordinator, all Conference officers, and all CU Presidents in your Conference. Should you have any questions, please contact your SWO President. *(Duplicate this form as necessary.)* Go to www.flwelca.com for current names and addresses.

Florida-Bahamas Synodical Women's Organization

Event Data Collection Form

Conference: _____

PRESIDENT: NAME: _____

Date Elected: _____ ADDRESS: _____

CITY: _____ ST: ____ ZIP: _____

Re-elected: Y N PREFERRED TELEPHONE: _____

EMAIL: _____

VICE PRESIDENT: NAME: _____

Date Elected: _____ ADDRESS: _____

CITY: _____ ST: ____ ZIP: _____

Re-elected: Y N PREFERRED TELEPHONE: _____

EMAIL: _____

SECRETARY: NAME: _____

Date Elected: _____ ADDRESS: _____

CITY: _____ ST: ____ ZIP: _____

Re-elected: Y N PREFERRED TELEPHONE: _____

EMAIL: _____

TREASURER: NAME: _____

Date Elected: _____ ADDRESS: _____

CITY: _____ ST: ____ ZIP: _____

Re-elected: Y N PREFERRED TELEPHONE: _____

EMAIL: _____

Please complete information on all Conference Officers, including those that were elected for a two-year term last year and provide to SWO Conference Coordinator. Please indicate if any officer was re-elected. Mailing instructions are found on the other side of this form.

