

*THE EPISCOPAL DIOCESE OF MARYLAND
2010 BISHOPS' CONFERENCE FOR CLERGY AND SPOUSES/PARTNERS*

*ROCKY GAP CONFERENCE CENTER
CUMBERLAND, MARYLAND
OCTOBER 17-19*

NAME: _____

PARISH: _____

ADDRESS: _____

E-mail: _____ Phone Number _____

My spouse/partner will _____ will not _____ be attending

SPOUSE/PARTNER'S NAME: _____

RESERVE (Check one): ___ SINGLE ROOM ~ \$400 per person

___ DOUBLE ROOM ~ \$290 per person (add roommate's name below)

ROOMMATE'S NAME: _____

SPECIAL NEEDS (check all that apply):

Handicapped Access _____ Vegetarian Diet _____ Other _____

Food Allergy (specify) _____

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REGISTRATION DEADLINE IS SEPTEMBER 15, 2010

Please return form with payment to:

Episcopal Diocese of Maryland
Attn: Business Office
4 East University Parkway
Baltimore, MD 21218