



Joint Convocation of National Hmong Caucus
Zephyr Point Presbyterian Conference Ctr, Lake Tahoe, NV
Theme "UNITED IN CHRIST"

Speakers:

Rev. Mao V. Her-Elder of WI Conference (Chair of WI Caucus)
Rev. Tzer Cheng Yang-Pastor of First Oroville UMC (Chair of CA Hmong Caucus)
Rev. Nenghoua Vang-Pastor of Christway UMC (Spiritual Director of NHC)

Registration Fee:

Room Occupancy	Rate per Guest	Select Room Type
Hotel Style-Doubled (2 Guest per room)	\$250.00	
Hotel Style-Triple-Quad (3 to 4 Guest per room)	\$225.00	
Cabins: (4-10 Guest per cabin) with bedrooms, bathrooms & kitchen	\$185.00	
for 3 nights lodging and 7 meals		

No. of people per room: _____
List Name (s) below:**
 1. _____ 2. _____
 3. _____ 4. _____
 5. _____ 6. _____
 7. _____ 8. _____

T-Shirt Size: S ___ M ___ L ___ XL ___ XXL ___
Please include an additional \$10.00 for your t-shirt

Total Amount Enclosed: \$ _____

****Please note that each person must complete a separate registration form. Registration is **NON-REFUNDABLE** regardless of your situation. However, should your plans changed, you may send someone in your place.**

Registration form must be received no later than **April 8, 2018**. A late fee of \$10 per person will be charged if registration form is received after this date. **PLEASE REGISTER EARLY TO AVOID LATE FEE!**

Please make check payable to **National Hmong Caucus**. Send registration form along with payment in full to:
 National Hmong Caucus (NHC)
 c/o Kang Chou Yang
 12314 W. Ripley Avenue, Wauwatosa, WI 53226

(Please write your name in Hmong – Thov sau koj lub npe ua lug Moob)

Name (Npe) (i.e Nam Yig Vaaj)

Mailing Address (Chaw Nyob)

City (Zog) State (Xeev) Zip Code

Phone (Xuvtooj) Email

Church Name

City State Zip Code

DO YOU NEED A HANDICAP ROOM? YES NO

Emergency Contact:

Name Phone

Liability Disclaimer

I understand that all activities I participated during this event are done out of my own risk and I will accept all responsibilities. I agree not to bring any claim against the organizer or officers of this event. I have read and accepted the terms of this liability disclaimer agreement.

X

Applicant's Signature Date

FOR NHC USE ONLY:

Payment received on: _____ Amount: _____

Received by: _____ Check No.: _____