

REM's 25th Annual Invitational in community with ACPE's Annual Conference



On-Site Registration Form

Be sure to review and complete all sections of this form.

Last Name	First Name	Middle Name
Preferred First Name on Badge	ACPE Member: Yes No	ACPE Region
Mailing Address		
City	State	Zip
Country		
Phone	Email	
If you serve in any National Leadership role please indicate:		
Vegetarian	Yes No	Food Allergies Yes No (please specify)
Kosher	Yes No	
ADA Needs	Yes No	Emergency Contact
		Emergency Phone

REGISTRATION & TICKET FEES

Registration

Please read and complete the entire form carefully as there are many options for your consideration. Payment must be made at time of registration – no forms will be accepted without payment. **Admission Policy:** Only **registered** individuals having a name badge may attend educational sessions. Tickets will be required for entry to some events. Also, remember to register for a participating guest.

ADA Compliance

The Sheraton National Hotel is ADA Compliant. Please be sure to let your reservationist know if you have specific guest room requirements. As well, if you will let us know what assistance you need on this form, or in an attached note, ACPE will also do our best to accommodate you.

PAYMENT INFORMATION

Registrations, Donations and Fees may be paid by credit card or by check.

If multiple forms of payment are being used (business paying for some charges & personal payment for other charges), please record each one below.

MC _____ Visa _____ AmEx _____ Discover _____ \$ _____

MC _____ Visa _____ AmEx _____ Discover _____ \$ _____

Card # _____ Exp. Date _____

Card # _____ Exp. Date _____

Cardholder Name _____

Cardholder Name _____

Check payable to ACPE/REM, Check # _____

Check payable to ACPE/REM, Check # _____

Check Amount \$ _____

Check Amount \$ _____

One-Day Registration Options

The included events are listed under each ON-SITE REGISTRATION option, a ticket will be required for entry to some of these events. It is important that you indicate below which of these events that you WILL / WILL NOT attend.

One Day Registration - Thursday, February 9th

ACPE Supervisors, Assoc. Supervisors, Candidates, Clinical Members, and Other Pastoral Care Professionals	\$150.00	_____
CPE and Seminary Students; Retired Supervisors, Retired Members, Spouses / Significant Others	\$110.00	_____
<input type="checkbox"/> Interfaith Service		
<input type="checkbox"/> Plenary #1 Dr. Emmanuel Lartey		
<input type="checkbox"/> Discussion Group		
<input type="checkbox"/> Workshop Selection - <i>Please select your THREE choices, in order of preference, indicating 1st, 2nd, or 3rd. Space is limited but we will do our best to accommodate your 1st choice.</i>		
<input type="checkbox"/> T1. Teach Research in CPE Residency Programs	<input type="checkbox"/> T5. Coming Out ~ Coming In: Pastoral Care with Sexual Minorities	
<input type="checkbox"/> T2. Use of Self in CPE Supervision	<input type="checkbox"/> T6. Supervising Wounded Healers: Through Trauma Psychology & Culturally Sensitive Care	
<input type="checkbox"/> T3. SILENT CRY: In Search of Harmony on Gold Mountain - The Yin-Yang Way of Pastoral Care	<input type="checkbox"/> T7. Pastoral Care to Spiritual Care: Embracing Our Future	
<input type="checkbox"/> T4. Embracing the Present: Mindfulness Meditation as Self-Care for Pastoral Care Givers	<input type="checkbox"/> T8. A Black Woman's Journey of Interdependence: How African Spirituality and Womanist Theology Have Impacted My Intercultural Pastoral Care	
<input type="checkbox"/> T9. Navigating the Certification Process		
<input type="checkbox"/> ACPE Regional Meetings		
<input type="checkbox"/> Northeast Region: <i>Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</i>	<input type="checkbox"/> North Central Region: <i>Illinois (Northern), Iowa, Michigan (Upper Peninsula) Minnesota, North Dakota, South Dakota, Wisconsin</i>	
<input type="checkbox"/> Eastern Region: <i>Connecticut, Delaware, New Jersey, New York, Pennsylvania</i>	<input type="checkbox"/> South Central Region: <i>Colorado, Illinois (South), Kansas, Missouri, Nebraska, Wyoming</i>	
<input type="checkbox"/> Mid-Atlantic Region: <i>District of Columbia, Maryland, No. Carolina, Virginia, W. Virginia</i>	<input type="checkbox"/> Southwest Region: <i>Arkansas, Louisiana, New Mexico, Oklahoma, Texas</i>	
<input type="checkbox"/> Southeast Region: <i>Alabama, Florida, Georgia, Mississippi, South Carolina, Tennessee</i>	<input type="checkbox"/> Pacific Region: <i>Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington</i>	
<input type="checkbox"/> East Central Region: <i>Indiana, Kentucky, Michigan (except Upper Peninsula), Ohio, Pennsylvania (Western)</i>		

One Day Registration - Friday, February 10th

ACPE Supervisors, Assoc. Supervisors, Candidates, Clinical Members, and Other Pastoral Care Professionals	\$150.00	_____
CPE and Seminary Students; Retired Supervisors, Retired Members, Spouses / Significant Others	\$110.00	_____
<input type="checkbox"/> Interfaith Service		
<input type="checkbox"/> Plenary #2- Dr. Nancy Ramsay		
<input type="checkbox"/> Discussion Groups		
<input type="checkbox"/> Workshop Selection - <i>Please select your THREE choices, in order of preference, indicating 1st, 2nd, or 3rd. Space is limited but we will do our best to accommodate your 1st choice.</i>		
<input type="checkbox"/> F1. Teach Research in CPE Residency Programs	<input type="checkbox"/> F5. From Personal Growth to Social & Political Advocacy - CPE in Two Urban Settings	
<input type="checkbox"/> F3. Self-Assessed Spiritual Skill Changes Reported by CPE Residents and Interns	<input type="checkbox"/> F6. Self-Supervision of Work with Students	
<input type="checkbox"/> F4. Healing Social and Community Violence	<input type="checkbox"/> F7. Purpose, Practice & Proclamation for Pastoral Caregivers of the Beloved Community in the Post Racial Era	
<input type="checkbox"/> F8. Our Children, Our Hope, Our Future: Roles of a Pediatric Chaplain		
<input type="checkbox"/> Network Meetings - <i>Please indicate which Network Session you will be attending. Select only one.</i>		
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Racial Ethnic Multicultural (REM) Annual Business Meeting	<input type="checkbox"/> Research
<input type="checkbox"/> Clinical Members	<input type="checkbox"/> International	<input type="checkbox"/> Retired Supervisors
<input type="checkbox"/> Congregational/Community-based CPE	<input type="checkbox"/> Jewish Supervisors	<input type="checkbox"/> VA Chaplains
<input type="checkbox"/> Gay/Lesbian/Bisexual/Transgender	<input type="checkbox"/> Peace (PCNSR)	<input type="checkbox"/> Red Cross SAIRS (<i>includes excursion see brochure for details</i>)
<input type="checkbox"/> Supervisory Education		
<input type="checkbox"/> Friday Night's 25 th Birthday Party & Celebration		

One Day Registration - Saturday, February 11th

ACPE Supervisors, Assoc. Supervisors, Candidates, Clinical Members, and Other Pastoral Care Professionals	\$100.00	_____
CPE and Seminary Students; Retired Supervisors, Retired Members, Spouses / Significant Others	\$ 60.00	_____
<input type="checkbox"/> Plenary #3-Discussion Panel: Dr. Emmanuel Lartey and Dr. Nancy Ramsay		
<input type="checkbox"/> Memorial Service/Closing Ceremony		
<input type="checkbox"/> Retirement Celebration for Bishop Teresa Snorton, ACPE's Past Executive Director		

Additional Events

Designated Meetings/Gathering for Stated Groups Only:

ACPE Past Presidents' Breakfast, Saturday, February 11 th , 7am	I am an ACPE Past President, and will attend. _____
Seminary Advisory Councils' Breakfast, Saturday, February 11 th , 7am	I am a Seminary Advisory Rep, and will attend. _____
Religious Endorsing Representatives Breakfast, Saturday, February 11 th , 7am	I am a Religious Endorsing Rep, and will attend. _____
Clinical Members' Advisory Council Breakfast, Saturday, February 11 th , 7am	I am on the Clinical Members' Advisory Council, and will attend. _____

Guest Tickets (*purchase required for non-registered participants*)
9pm, Friday Night's Birthday Party and Entertainment

Guest Name(s) _____
\$30.00 X _____ \$ _____

Total Ticket Fees Due to ACPE/REM

\$ _____