



# Florida-Bahamas Synodical Women's Organization Event Data Collection Form – Page 1



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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.)*

SWO Treasurer  
Laurie Nelson  
22223 Buffalo Ave  
Port Charlotte, FL 33952

**PLEASE COMPLETE PAGE 2 OF THIS FORM**

# Florida-Bahamas Synodical Women's Organization

## Event Data Collection Form – Page 2

**CONFERENCE:** \_\_\_\_\_

<b>PRESIDENT</b> Date Elected:
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NAME: _____
ADDRESS: _____
CITY, ST, ZIP _____
TELEPHONE: _____
EMAIL: _____

<b>VICE PRESIDENT</b> Date Elected:
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NAME: _____
ADDRESS: _____
CITY, ST, ZIP _____
TELEPHONE: _____
EMAIL: _____

<b>SECRETARY</b> Date Elected:
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NAME: _____
ADDRESS: _____
CITY, ST, ZIP _____
TELEPHONE: _____
EMAIL: _____

Please complete information on all Conference Officers, including those that were elected for a two- year term last year. Please indicate if any officer was re-elected. Mailing instructions are found on Page 1 of this form.

**PLEASE COMPLETE BOTH PAGES OF THIS FORM**