

**The Department of Veterans Affairs Chaplain Leadership Convocation and
Military Chaplains Association Annual Meeting & National Institute
2-6 May 2011 at the Crowne Plaza Hampton Marina Hotel**

Registration Form

Thank you for joining our third combined DVA-MCA conference. We are looking forward to a superb meeting together to consider "Defining Excellence in Chaplaincy in the 21st Century." Expect key leader presentations on care for Wounded Warriors along with important updates on issues that concern all chaplains - whether active military, Veterans Affairs, or retired.

The Military Chaplains Association National Office is handling all registrations and payments. We recommend that you review the enclosed registration and travel information sheet before you complete the registration form and mail it to the Military Chaplains Association.

A. REGISTRATION INFORMATION

Name and Title _____

Address _____

City/State/ZIP _____

Phone (Work) _____ (Emergency) _____

Preferred Email _____

Command or Facility _____

Religious Denomination _____

Spouse or Other Guest Name _____

Registration Status - Please mark only one of the following. This is very important for our admin.

- 1) I am registering as a DVA chaplain only _____
- 2) I am registering as an MCA member only _____
- 3) I am registering as a DVA chaplain who is also a member of the MCA _____
- 4) I am registering but not as either a DVA chaplain or a member of the MCA _____

Please Note: Spouses are invited to attend all events without additional charge other than meals. Other personal or professional guests are welcome to attend our special meal events even if unable to attend other sessions. For participants who are only able to attend less than half of the total plenary sessions because of official duty requirements, a pro-rated registration fee is available. *Please contact the MCA Executive Director at (904) 422-1789 with that request.*

B. NAMETAG PREFERENCE. All registrants will receive a cloth neck lanyard with a pouch for their nametag insert. Names will be first and last with no initials or suffixes. Please indicate your first name preference below:

_____ First name as written on the top of this form.

_____ Nickname or a shortened form of your first name as follows _____

Please continue on the next page to complete your registration

C. IMPORTANT PAYMENT DETAILS.

Government Checks are not permitted in payment for Special Meals. All meal expense is reimbursed through Per Diem. If registering on DVA orders, please request reimbursement of the \$125.00 registration fee from your VA medical center. This amount covers the cost of meeting rooms, conference materials, equipment rental, and speaker honorariums.

The MCA prefers one check for registration that covers all items. However we realize that some participants might be required to request a check in advance for the registration fee from their medical center or other agency. In that case the registrant must send a separate personal check for special meal events.

Make all checks payable to “Military Chaplains Association”

D. INSTITUTE REGISTRATION FEE. \$125.00 for DVA, MCA, and others who participate in the entire event.

DVA / MCA / Other registrants Number _____ at \$125.00 each \$ _____

SUB-TOTAL Registration Fee(s) \$ _____

E. SPECIAL MEAL RESERVATION. Please note that we must pay the hotel caterer five days in advance for meals. Once this payment is made, we are unable to provide refunds for meals that you reserved. For any special meal need, please indicate on the line below:

Wednesday, 4 May – Emerson Foundation Luncheon

DVA / MCA / Other Registrant Number of meals _____ at \$30.00 each \$ _____

Spouse / Meal Guest Number of meals _____ at \$30.00 each \$ _____

Thursday, 5 May – Annual Awards Banquet

DVA / MCA / Other Registrant Number of meals _____ at \$45.00 each \$ _____

Spouse / Meal Guest Number of meals _____ at \$45.00 each \$ _____

SUB-TOTAL Meal Reservation(s) \$ _____

F. GRAND TOTAL Item A [Registration Fee(s)] and Item B [Meals] Enclosed \$ _____

Please mail your total registration fee and meal payment by 10 April 2011

Send this form with your remittance to:

Military Chaplains Association, P.O. Box 7056, Arlington, VA 22207-7056

Signature

Date Sent to MCA

Thank you for your participation!