

Registration Form  
2020 Guatemala Mission Network Meeting  
Guatemala City, GUATEMALA  
February 3 - 7, 2020  
**REGISTRATION DEADLINE – January 10, 2020**

**Personal Information**

Name (as it appears on passport): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
\_\_\_\_\_

Passport #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Email: \_\_\_\_\_

**Church & Partner Information**

Presbytery, Church, or Organization you represent: \_\_\_\_\_

Will others from the organization attend with you? \_\_\_\_ Yes \_\_\_\_ No    If yes, how many? \_\_\_\_\_

Guatemalan Partner (presbytery, church, etc.): \_\_\_\_\_

How many individuals will be participating from the Guatemalan partner? \_\_\_\_\_

Do you have a formal partnership agreement?    \_\_\_\_\_ Yes \_\_\_\_ No

How long has the partnership existed? \_\_\_\_\_

If no partner exists, are you interested in finding a partner? \_\_\_\_ Yes \_\_\_\_ No

**Language Skills**

How would you describe your Spanish language skills?

\_\_\_\_\_ Very limited    \_\_\_\_\_ Conversational    \_\_\_\_\_ Advanced    \_\_\_\_\_ Native Speaker

Would you be willing to assist with interpretation (spoken) and/or translation (written)?

Interpretation    \_\_\_\_\_ Yes \_\_\_\_ No

Translation    \_\_\_\_\_ Yes \_\_\_\_ No

If yes, would you feel comfortable doing so in which settings? Please check all that apply.

\_\_\_\_\_ With your own partners    \_\_\_\_\_ Small group    \_\_\_\_\_ Workshop    \_\_\_\_\_ Plenary

**Medical Information**

Do you have any medical or physical disabilities that may require accommodation? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe: \_\_\_\_\_

Do you take prescription medication? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list names and dosages: \_\_\_\_\_

Blood Type: \_\_\_\_\_

**Health Insurance**

Full Name of Insured (yourself, parent, or spouse): \_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_

Phone number of Insurance Provider: \_\_\_\_\_

Policy/ID or Group #: \_\_\_\_\_

My health insurance is effective in Guatemala? \_\_\_\_ Yes \_\_\_\_ No

If "NO", I assume full responsibility for any health care expenses I may incur during the trip? \_\_\_\_ Yes \_\_\_\_ No

**NOTE: If you have any questions about your medical status or the need for vaccinations, we recommend that you consult your physician prior to taking the trip. We will be in Guatemala City, GUATEMALA for the duration of this event. You will be responsible for bringing your own medication and supplies necessary for the length of the trip.**

**Special Requirements**

Food Allergies: \_\_\_\_\_

Accessibility (wheelchair access, etc.): \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**REGISTRATION/PAYMENT PROCESS – REGISTRATION DEADLINE IS January 10, 2020**

Please send completed registration form to:

Cristina Pitts, Mission Specialist for Latin America and the Caribbean

Email: [cristina.pitts@pcusa.org](mailto:cristina.pitts@pcusa.org)

Mail:

Cristina Pitts

World Mission, Latin America and the Caribbean Office

100 Witherspoon Street

Louisville, KY 40202

Payment information:

1. To pay by checks – In the amount of \$350.00 per PC(USA) participant, Made out to **Presbyterian Church (USA)**  
This covers one PCUSA participant and 1 participant from their IENPG Partner.

- a. Send checks to -

PCUSA

Voucher Remittance

PO Box 643660

Pittsburgh, PA 15264-3660

- b. Include with check a note stating:

“Apply funds to designated account: 10-00-00-000-00-399600-0 MT4684”

Place in memo line on check: “Guatemala Mission Network”

1. To pay with credit card – by phone or by emailing the attached credit card form:
  - a. Call Theresa Goodlin, Presbyterian National Offices, Accounts Receivable at 502-398-5181, or email the attached form to: [theresa.goodlin@pcusa.org](mailto:theresa.goodlin@pcusa.org)
  - b. Ask that funds be applied to designated account: 10-00-00-000-00-399600-0 MT4684
  - c. Name of designated account – Guatemala Mission Network
2. After making payment – please send a confirmation email to Cristina Pitts – [cristina.pitts@pcusa.org](mailto:cristina.pitts@pcusa.org) for her tracking purposes.

***If you have any questions about payment, please contact Cristina Pitts ([cristina.pitts@pcusa.org](mailto:cristina.pitts@pcusa.org) or at 502-569-5103)***

***If you have any questions about the event, the registration process, or Guatemala, please contact:***

***Judy Persons ([jpcREATEPW@gmail.com](mailto:jpcREATEPW@gmail.com)) or (410) 507-0642***

***Kathy Gorman-Coombs ([revkGC@gmail.com](mailto:revkGC@gmail.com)) or (518) 441-9286***