



New Beginnings Partnership Conference Application

Conference Name: _____

Contact Information for New Beginnings Conference Coordinator:

Name: _____

Role/Position: _____

Email Address: _____

Phone Number(s): _____

A Conference's role in the New Beginnings timeline typically lasts approximately 15 weeks. For example:

- Week 1: "Come and See" (a promotional workshop for church leaders)
- Week 5: Deadline for Churches to submit NB Request Form
- Week 10: Assessment Visits to Congregations
- Week 15: "Cluster Event" Weekend Training for Church Leaders

Our Conference wishes to BEGIN the New Beginnings process in:

1st Qtr 2016
 2nd Qtr 2016
 3rd Qtr 2016
 4th Qtr 2016
 1st Qtr 2017
 2nd Qtr 2017
 3rd Qtr 2017
 4th Qtr 2017
We will make every effort to accommodate this schedule, but may ask you to be flexible in high-demand seasons.

Our Conference anticipates the participation of _____ congregations.

Conference Representative Signature: _____ Date: _____

Printed Name: _____

*Please include a check for \$900 (\$300 per congregation/min. of 3 congregations) with this application. Make check payable to **United Church of Christ**. Send this completed application and check to:*

United Church of Christ
700 Prospect Avenue East
Cleveland, OH 44115
Attention: New Beginnings