

WORKERS VISITING OUTSIDE of the CONFERENCE

Greater New York Conference of Seventh-day Adventists® 7 Shelter Rock Road Manhasset, NY 11030 (516) 627-9350

Last Name	First Name			bmitting Application
Position Held				
Information Regarding Your Visit				
Dates of Visit Outside Conference: From:		To:		
Reason for the Visit:				
Contact Information In Case of Emergency				
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Contact Telephone Number Yo	ur Mobile Phone Number			Your Email Address
Address Where You Are Staying	City		State	Zip
During the time of my absence, the following individual(s) will be in charge of the following church(es):				
Church:	Name:		Contact #:	
Church:	Name:		Contact #:	
Church:	Name:		Contact #:	
Church:	Name:		Contact #:	
Notes: Any form of a preaching assignment should be submitted in the form of a Service Request and handled by the Office of the Secretariat. Please remember that your elders should be aware of all of the information listed above, including where you are staying and how to contact you. Please make sure you have individuals in charge in your absence before you leave.				
Please make sure this form has been completed, signed, and approved before you make any plans. GREATER NEW YORK CONFERENCE IS <u>NOT</u> RESPONSIBLE FOR ANY ARRANGEMENTS MADE PRIOR TO APPROVAL.				
Applicant's Signature:		Date of Subm	iccion	
(Type Full Name if Sent Electronically)		Date of 300iii	1551011.	
Ethnic Coordinator's Signature:		Date:		
Executive Secretary's Signature:		Date:		
President's Signature:		Date:		
Submit this completed form to: GNYC Office of the Secretariat, chayman@gnyc.org, or by Fax (347) 527-2326				