

## **WORKERS VISITING OUTSIDE of the CONFERENCE**

of Seventh-day Adventists <sup>®</sup>
7 Shelter Rock Road
Manhasset, NY 11030
(516) 627-9350

Greater New York Conference

Last Name	First Name		Date	Date Submitting Application	
Position Held					
	Information Regarding Y	our Visit			
Dates of Visit Outside Conference:	From: To:				
Reason for the Visit:					
Contact Information In Case of Emergency					
()	_ ()				
Contact Telephone Number	Your 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 #:		
Please remember that your elders sho	gnment should be submitted in the form of a sould be aware of all of the information listed as 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	Date of Submission:		
(Type Full Name if Sent Electronically)					
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 (516) 210-0574					