



CONFERENCE APPLICATION

Name of Conference: _____

Starting Date of Conference: _____ Today's Date: _____

OFFICE USE ONLY

DATE RCVD

PMT RCVD

NOTES:

APPLICANT INFORMATION (Please print clearly)

Application is not complete without the payment of conference fee.

Please do not purchase an airline ticket until you receive confirmation to attend the conference from your local territory or zone office. For most conferences, unless otherwise indicated, the minimum age to attend is 16. For minors, the Minor Consent Form on page 2 is required.

| | | | | | | |
|------------|----------------------|---------------|---|----------|------------------------------|--|
| First Name | <input type="text"/> | Date of Birth | <input type="text" value="(mm/dd/yyyy)"/> | Gender | <input type="checkbox"/> M | <input type="checkbox"/> Not Specified |
| Last Name | <input type="text"/> | Member ID | <input type="text"/> | | <input type="checkbox"/> F | <input type="text"/> |
| Address | <input type="text"/> | E-mail | <input type="text"/> | Division | <input type="checkbox"/> WD | <input type="checkbox"/> ESD |
| City | <input type="text"/> | Phone# | <input type="text"/> | | <input type="checkbox"/> MD | <input type="checkbox"/> YWD JHHS |
| State, Zip | <input type="text"/> | Cell# | <input type="text"/> | | <input type="checkbox"/> YWD | <input type="checkbox"/> YMD JHHS |
| Zone | <input type="text"/> | Work# | <input type="text"/> | | <input type="checkbox"/> YMD | <input type="checkbox"/> Not Specified |

Is this your first time attending a conference? Yes No

Roommate request, if any

(All rooms are **double** occupancy. Roommate requests must be mutual.)

Preferred Language (for language conference only)

Preferred Name (for conference badge/certificate)

HEALTH AND EMERGENCY CONTACT INFORMATION (Please print clearly)

Medical information is collected to ensure the safety and health of participants during the conference only. To protect your privacy, any medical information that you submit will be deleted immediately after the conference and will not be saved in any FNCC or SGI-USA files, records, or servers.

- Please indicate any conditions that require an accommodation (i.e. health conditions). Additionally, please list any medication you are currently taking (optional).
- Are you able to walk 200 steps unassisted, without becoming short of breath? Yes No
If not, please explain any condition that prevents you from doing so.
- Please indicate any food allergies.
- Please indicate if: Vegetarian Vegan
(The FNCC may not be able to fulfill all special dietary needs. In those situations, individuals may be required to bring their own specialty foods.)
- I confirm that I have adequate health insurance or other means necessary to pay for any personal liability and medical costs, including medical evacuation and payment for medications, if needed. I further acknowledge that I am responsible for the cost of any medical and health services I may need as a result of participating in the conference.
- I certify that, with or without accommodation, I have no health-related reasons or problems that would preclude or restrict my participation in the conference. I am physically and mentally fit to participate in the conference, and I do not have any medical condition that could be aggravated by my participation in this conference.

| | | | |
|------------------------|----------------------|--------------|----------------------|
| Emergency Contact Name | <input type="text"/> | Relationship | <input type="text"/> |
| Phone 1 | <input type="text"/> | Phone 2 | <input type="text"/> |



ACKNOWLEDGMENT AND ASSUMPTION OF RISK FORM

****ALL PARTICIPANTS MUST READ AND SIGN THIS FORM IN ORDER TO ATTEND AN FNCC CONFERENCE.****

Acknowledgment and Assumption of Risk

I understand that some optional activities that I may voluntarily choose to participate in during the conference contain inherent risks of physical injury, such as bicycle riding, swimming in the pool, using the exercise equipment, hot tubs, participating in sports or other games in the gymnasium, and so on. If I choose to participate in such optional activities, I acknowledge and agree that I am qualified and familiar with the activities, in good health, and in proper physical condition to participate. I hereby knowingly and voluntarily accept all risks that could arise out of, or occur during, such activities. I release SGI-USA and FNCC, its affiliated organizations, employees, volunteers, and representatives from all liability to the fullest extent permitted by law, resulting from any personal injury, accident or illness, and property loss, however caused, arising from or in any way related to, my participation in such activities, except for those caused by willful misconduct or gross negligence of SGI-USA or FNCC. I also agree to defend and hold harmless SGI-USA and FNCC from any and all claims and expenses arising hereunder, including but not limited to attorney's fees.

Consent to Medical Treatment

I further give consent and authority to SGI-USA and FNCC to obtain medical treatment on my behalf if I am injured or require medical attention during the conference. I understand and agree that I am solely responsible for all costs related to such medical treatment, medical transportation, and/or evacuation. SGI-USA and FNCC do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to health or disability insurance of any nature in the event of my injury, illness or death, or damage to or loss of my property.

Photo and Written Material Release

I hereby give SGI-USA and FNCC permission to capture and/or record my name, image, likeness, photograph, or voice, in any media and/or technology now known or later developed. Such use of my name, image, likeness, photograph, or voice will be limited to informational or promotional purposes of SGI-USA and FNCC.

For Parent(s)/Guardian(s)—Minor Consent Form

(If the participant is 17 years of age or younger, please complete this section)

Name of Minor (participant): _____

I, _____, (name of parent or guardian) hereby acknowledge that I have reviewed this 'Acknowledgment and Assumption of Risk' form that all FNCC conference participants must read and sign prior to being approved to participate in a conference at FNCC. I consent for my child to participant in the conference at the FNCC and agree to all terms of the application and this form on behalf of my child. I have read this agreement and fully understand its contents, including that this is a release of liability and an assumption of risks. I further certify that the statements provided in the application are true and correct to the best of my knowledge.

Signature of Parent or Legal Guardian _____ Date _____

CONFERENCE INFORMATION

Name of Conference Starting Date of Conference

Name Signature Today's Date



TRAVEL INFORMATION

Name of Conference: _____ Name: _____

Starting Date of Conference: _____ Date: _____

OFFICE USE ONLY

DATE RCVD

PMT RCVD

NOTES:

IMPORTANT TRAVEL INFORMATION

Please do not purchase an airline ticket until you receive confirmation to attend the conference from your local territory or zone office.

All travel information **must be submitted 2 weeks prior** to the starting date of the conference in order for FNCC to coordinate your ground transportation.

- Ground transportation is coordinated to/from Ft. Lauderdale (FLL) and Miami (MIA) airports during designated times only.
- Arrival day (Friday): Pickups are made at 9:00am and between the hours of 12:00pm and 6:00pm. The Friday evening session begins at 8:00pm.
- Departure day (Monday): Shuttles are coordinated 2 to 3 hours prior to the flight departure time. The last session ends around 11:00/11:30am, followed by lunch. The last shuttle departs FNCC at 3:00pm, after which the FNCC campus is closed.

SHUTTLE INFORMATION

9AM SHUTTLE

- FLL:** Meet the driver by 8:45am as the shuttle/bus will leave promptly at 9:00am. Look for a shuttle/bus with an "SGI-USA" sign outside the baggage claim area between terminals 2 and 3 (pickup sign "B").
- MIA:** Meet the driver with an "SGI-USA" sign at baggage claim carousel #25 by 9:00am.

12:00PM - 6:00PM SHUTTLE

- FLL:** Shuttles depart hourly, at the top of each hour.
- MIA:** Shuttles are arranged as needed.
- Upon arriving to FLL or MIA airport, proceed to the baggage claim assigned to your flight. Look for a FNCC staff with a SGI flag or sign near the baggage claim. FNCC staff will be at the airport from 11:30am to 6pm. If you are not met by a staff within 15-20 minutes, contact the FNCC Office at (954) 349-5000 (Open 9:00am-10:30pm on Fridays).

ARRIVING AFTER 6:00PM

- The last complimentary shuttle departs at 6:00pm. If your flight is scheduled to arrive after 5:45pm (FLL) or after 6:00pm (MIA), you will be responsible for the cost, as well as for coordinating your own transportation to FNCC. You can take a taxi, ride share service or use the FNCC's transportation company. If you would like to reserve a shuttle through the FNCC's transportation company, please contact them two weeks prior to your arrival. Upon arrival at FLL/MIA airport, call the FNCC Transportation Line to coordinate the exact pick up location. FNCC Transportation Line: (954) 349-5222.

ARRIVAL AND DEPARTURE INFORMATION (Please print clearly)

I WILL BE TRAVELING TO FNCC BY (CHECK ONE):

PLANE Date: _____ Arrival Time: _____ Airline: _____ Flight#: _____
 Airport (check one): Ft. Lauderdale (FLL) Miami Airport (MIA)

If you are arriving to Florida prior to the conference or after 6:00 p.m. on Friday, please select from the options below.

- I would like to catch the FNCC shuttle on Friday from [FLL/MIA] airport at _____.
9am; 12-6pm hourly
- I would like to reserve my own shuttle (MIA \$102, FLL \$70 to be paid to driver) from [FLL/MIA] airport at _____ on _____.
Time Date
- I will be renting a car / taking a taxi / ridesharing to arrive at FNCC on [Friday/Saturday/Sunday] at _____.
Time

BUS/TRAIN Date: _____ Arrival Time: _____ Airport (check one): Ft. Lauderdale (FLL) Miami Airport (MIA)

CAR Date: _____ Arrival Time: _____

I WILL BE DEPARTING FNCC BY (CHECK ONE):

PLANE Date: _____ Departure Time: _____ Airline: _____ Flight#: _____
 Airport (check one): Ft. Lauderdale (FLL) Miami Airport (MIA)

BUS/TRAIN Date: _____ Departure Time: _____ Airport (check one): Ft. Lauderdale (FLL) Miami Airport (MIA)

CAR Date: _____ Departure Time: _____



HOW TO APPLY FOR A CONFERENCE

1. Complete pages 1-3 of this application form.
2. Find the territory/zone office that corresponds with your organization (see chart below)
3. Submit application & conference payment together to your processing territory/zone office by mail or fax. If you prefer to apply online, an electronic application is available on the SGI-USA Membership Portal. Please note that online registration requires that the conference fee be paid by credit card.

[Online Registration]

- Log in to the SGI-USA Portal (<https://portal.sgi-usa.org>).
- Select “My Conferences” on the side menu & choose the conference you would like to attend under the “Conference Schedule” tab.
- Select “register” and complete the online registration form.
- After receiving confirmation of attendance from your

- territory/zone office, make your travel arrangements to FNCC.
 - Submit your travel information by logging in to your SGI-USA Portal account. Be sure to do so at least two weeks prior to the beginning of the conference.
4. Upon completion of step 3, you will receive a confirmation of attendance from the territory/zone office, if space is available.
 5. Coordinate your travel (i.e. flight booking) upon receipt of confirmation of attendance. Complete page 4 with your travel information and fax/mail to the territory/zone office. This information must be received at least 2 weeks prior to the beginning of the conference to ensure the arrangement of ground transportation.
 6. Be sure to review and keep your travel information with you on your trip to and during your stay at FNCC.

| | Center | Zone | Email | Address | Phone | Fax |
|--------------------------------|--------------------------------------|--|-------------------------------|--|----------------|----------------|
| East Territory | Atlanta Buddhist Center | South | fncc-atl@sgi-usa.org | 421 17th Street NW Atlanta, GA 30363 | (404) 817-8100 | (404) 817-8189 |
| | Miami Buddhist Center | Florida, Puerto Rico Region, Caribbean Region | fncc-florida@sgi-usa.org | 3361 S.W. 3rd Ave Miami, FL 33145 | (305) 728-0830 | (305) 857-3773 |
| | New York Culture Center | New York, BQLI, New Jersey | fncc-nycc@sgi-usa.org | 7 East 15th St. New York, NY 10003 | (212) 727-7715 | (212) 242-2188 |
| | Wash. D.C. Buddhist Center | Mid-Atlantic, North, Pennsylvania | fncc-wdcc@sgi-usa.org | 3417 Massachusetts Ave. NW, Washington DC 20007 | (202) 338-5491 | (202) 338-5496 |
| Central Territory | Chicago Culture Center | Chicago, Mideast, Midwest, South Central, TX-OK | fncc-central@sgi-usa.org | 1455 South Wabash Ave. Chicago, IL 60605 | (312) 913-1211 | (312) 913-0988 |
| West Territory | San Francisco Culture Center | Golden Gate Mentor & Disciple, Pacific Northwest, Rocky Mountain, San Francisco Ever Victorious, Southwest | fncc-west@sgi-usa.org | 2450 17th St. San Francisco, CA 94110 | (415) 255-6007 | (415) 255-6079 |
| SoCal-Pacific Territory | Los Angeles Friendship Center | LA North Coast Lion's Roar, LA Pan Pacific, LA Sunshine, Pacific, SoCal, SoCal Mojave | fncc-socalpacific@sgi-usa.org | 5899 Venice Blvd. Los Angeles, CA 90019 | (323) 965-0025 | (323) 965-0054 |