

# Registration Form — 2019 Lutheran Week in Indianapolis

## Contact Information

\*Email \_\_\_\_\_  
\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_  
First name for nametag, if different from above \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Home Church Information

\*Home Church Name \_\_\_\_\_  
\*City \_\_\_\_\_ \*State/Province \_\_\_\_\_  
\*Home Church Affiliation:  NALC  LCMC  ELCA  ELCIC  Other \_\_\_\_\_  
(check all that apply)  
Mission District \_\_\_\_\_  
\*Are you an NALC seminarian (M.Div. student)?  Yes  No If yes, please call 651-633-6004 for fee waiver.

## Event Options

<input type="checkbox"/> August 5 - 6 — NALC Youth Leaders Symposium	\$ 80.00	\$ _____
<input type="checkbox"/> August 6 — Women of the NALC Annual Gathering	\$ 100.00	\$ _____
<input type="checkbox"/> WNALC Voting Member <input type="checkbox"/> Visitor		
<input type="checkbox"/> August 6 -7 — Braaten-Benne Lectures	\$ 150.00	\$ _____
<input type="checkbox"/> August 7 - 9 — NALC Mission Festival/Convocation	\$ 250.00	\$ _____
<input type="checkbox"/> NALC Clergy Delegate <input type="checkbox"/> NALC Lay Delegate <input type="checkbox"/> Visitor		

**TOTAL DUE:** \$ \_\_\_\_\_

Do you have any **dietary** restrictions?  Yes \_\_\_\_\_  No  
Do you have any **physical** restrictions?  Yes \_\_\_\_\_  No

## Payment

**NOTE:** There is a refund policy for cancellations. Please call 651-633-6004 for details.

Check (Payable to NALC)  
 Credit Card: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_  
Card Number (16 digits) \_\_\_\_\_ Expiration (mm/yy) \_\_\_\_ / \_\_\_\_ CSV \_\_\_\_\_  
Name (as it appears on credit card) \_\_\_\_\_  
Billing Address (if different from above) \_\_\_\_\_  
Signature (credit card registrations) \_\_\_\_\_ Date \_\_\_\_\_

Send this form and payment to **Event Registrations / 2299 Palmer Drive Ste 220 / New Brighton MN 55112-2202**