

REGISTRATION October 14-16, 2015 * Maria Stein, OH

please print	Limited Registration Available.	*DEADLINE SEPTEMBER 23	, 2015
NAME			
FIRST M.I. LAST		AST	
ADDRESS			
STREET		CITY, STATE	ZIP CODE
PHONE		EMAIL	
HOME MOBILE			
CONGREGATION			
CITY/STATE		SYNOD	
Require Handicap Accessible Room?		NO	YES
Please Note any Special Dietary Considerations/Allergens		VEGETARIAN	VEGAN
OTHER:		GLUTEN FREE	DAIRY FREE
Cost includes: all materials; single room Wednesday 3pm through Friday 3pm; Dinner Wednesday; Breakfast/Lunch/Dinner Thursday; Breakfast/Lunch Friday			
Event Questions? Contact Ron Luckey at 859-420-3835 or jimedal174@gmail.com ; or Cindy Geisen at 812-449-9986 or matterofcat@hotmail.com			
Registration Questions? Contact Carol Webb, 317-253-3522			
MAKE CHECKS PAYABLE TO: ELCA REGION 6 SEND FORM AND CHECK TO: IN/KY LUTHERAN CENTER ATTN: CAROL WEBB 911 E 86 TH ST, SUITE 200			
REQUESTING PARTIAL SCHOLARSHIP ASSISTANCE		INDIANAPOLIS IN 46240	
CHECK ENCLOSED FOR	x \$165		
☐ CHECK ENCLOSED FOR \$75; BALANCE TO BE FORWARDED PRIOR TO SEPTEMBER 23, 2015 BY:			
FOR OFFICE USE:			
Date Received Scholarship Assistance \$/From			
Paid in Full Date Room Assigned Dietary Notified			