



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

please print *Limited Registration Available. *DEADLINE SEPTEMBER 23, 2015*

NAME		
FIRST	M.I.	LAST
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
<p>Cost includes: all materials; single room Thursday 3pm through Saturday 3pm; Dinner Thursday; Breakfast/Lunch/Dinner Friday; Breakfast/Lunch Saturday</p> <p>Event Questions? Contact Ron Luckey at 859-420-3835 or jimedal174@gmail.com; or Cindy Geisen at 812-449-9986 or matterofcat@hotmail.com</p> <p>Registration Questions? Contact Carol Webb, 317-253-3522</p> <p>MAKE CHECKS PAYABLE TO: ELCA REGION 6 SEND FORM AND CHECK TO: IN/KY LUTHERAN CENTER ATTN: CAROL WEBB 911 E 86TH ST, SUITE 200 INDIANAPOLIS IN 46240</p> <p><input type="checkbox"/> REQUESTING PARTIAL SCHOLARSHIP ASSISTANCE</p> <p><input type="checkbox"/> CHECK ENCLOSED FOR \$165</p> <p><input type="checkbox"/> CHECK ENCLOSED FOR \$ _____; BALANCE TO BE FORWARDED PRIOR TO SEPTEMBER 23, 2015 BY: _____</p>		

FOR OFFICE USE:

Date Received _____ Scholarship Assistance \$/From _____

Paid in Full Date _____ Room Assigned _____ Dietary Notified