



REGISTRATION FORM
8th (30th) Triennial Convention
Ontario District Lutheran Women's Missionary League – Canada
THURSDAY, JUNE 10, FRIDAY, JUNE 11 AND SATURDAY, JUNE 12, 2010
HOLIDAY INN SARNIA, 1498 VENETIAN BLVD., SARNIA, ONTARIO

REGISTRATION DEADLINE IS MAY 8, 2010

PERSONAL INFORMATION (PLEASE PRINT)

Last Name		First Name		CHECK ONE	
Street			Apt.	<input type="checkbox"/> Rev. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr.	
City		Postal	Province		
Telephone		Alternate Telephone		E-mail address	
<input type="checkbox"/> Hanover Zone <input type="checkbox"/> London Zone <input type="checkbox"/> Mitchell Zone <input type="checkbox"/> Niagara Zone <input type="checkbox"/> Toronto Zone <input type="checkbox"/> Waterloo Zone <input type="checkbox"/> Windsor Zone			Home Church		Home Church City

PLEASE CHECK ANY and all BOXES THAT APPLY TO YOU

<input type="checkbox"/> General Registration <input type="checkbox"/> I am a Society Delegate <input type="checkbox"/> I am an Alternate Society Delegate <input type="checkbox"/> I am a Zone President <input type="checkbox"/> I am on the District Board of Directors <input type="checkbox"/> I am a Young Woman (under 36) <input type="checkbox"/> I am part of the Windsor Zone Committee & Volunteers <input type="checkbox"/> I am a Pastoral Counselor <input type="checkbox"/> I am an invited Special Guest/Speaker/Entertainer <input type="checkbox"/> I am an Exhibitor <input type="checkbox"/> I am a Page	<input type="checkbox"/> I have food allergies/restrictions <i>(Please Specify)</i> <input type="checkbox"/> I will Sing in the Choir <input type="checkbox"/> Soprano <input type="checkbox"/> 2 ND Soprano <input type="checkbox"/> Alto <input type="checkbox"/> I hereby give permission for any photos of me to be published in LWMLC Media. <input type="checkbox"/> I do not give permission <input type="checkbox"/> I desire to receive Communion at the Thursday Evening Service. <input type="checkbox"/> Common Cup <input type="checkbox"/> Individual Cup that person is truly worthy and well prepared who has faith in these words: "Given and shed for you for the forgiveness of sins."
Your Signature	

REGISTRATION OPTIONS	COST	YOUR CHOICES	
<input type="checkbox"/> Complete Meal Package & Registration Fees <i>(This option is the best value. If you check this box, do not check any others)</i>	\$150.00	\$	\$5.00 CHARGE FOR CANCELLATIONS. NO REFUNDS AFTER MAY 31 st
<input type="checkbox"/> Registration Without Meal Package (Before April 1) (Must register to attend any one or all sessions)	\$55.00	\$	
<input type="checkbox"/> Registration Without Meal Package (After April 1) (Must register to attend any one or all sessions)	\$60.00	\$	
<input type="checkbox"/> Breakfast Friday	\$20.00	\$	
<input type="checkbox"/> Lunch Friday	\$25.00	\$	
<input type="checkbox"/> Friday Banquet	\$40.00	\$	
<input type="checkbox"/> Saturday Breakfast	\$20.00	\$	
<input type="checkbox"/> Saturday Lunch	\$25.00	\$	
TOTAL with cheque enclosed		\$	
MEALS <i>(Please be aware that the price of the meal includes 5% GST, 8% PST and 15% gratuities and it also offsets the cost of all of the conference halls and meeting rooms)</i>			

Please make cheque for total amount payable to

Ontario District LWMLC 2010 Convention

Cheque must be forwarded with your completed registration form to Registrar -
 DIANNE SCHWARZ, 235 McNaughton Avenue East, Chatham, Ontario. N7L 2G7

For Further Information regarding Registration contact Registrar: schwarz@ciaccess.com 1-519-352-1144

The information gathered on this form is solely for the use of LWML-Canada and not shared with any other organization. See www.lutheranwomen.ca for a copy of LWML-Canada's privacy policy.