

REGISTRATION FORM - 71ST DISTRICT CONVENTION

California-Nevada-Hawaii District

May 11 - 12, 2018

Hilton Sacramento Arden West

2200 Harvard Street, Sacramento, CA 95815

Please Print or Type

___ Dr. ___ Miss ___ Mrs. ___ Ms. ___ Mr. ___ Rev. ___ Rev. Dr.

Name: _____

As you want it to appear on the name tag.

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ Work phone: (____) _____

Email address: _____

Congregation: _____ Location: _____

Name

City

State

Spouse's Name (if attending) _____

As you want it to appear on the name tag.

Meal package: Friday Lunch & Saturday Breakfast and Lunch \$72.00

Fri. Lunch: Cobb Salad & Sandwich (Vegetarian selection available)

Sat. Breakfast: Scrambled Eggs, Breakfast Meat & Potatoes

Sat. Lunch: Roasted Turkey Croissant Sandwich (Vegetarian selection available)

Number of meal packages: _____ x \$72.00 = \$ _____

Meal package for emeriti: [] yes [] no (no charge for emeriti meal package)

**Friday night dinner banquet reservation
for voting delegates or emeriti:**

I will attend the Friday banquet
[] yes [] no

If yes, please check meal selection below:

(no charge to voting delegate or emeriti)

- [] Sliced Roasted New York Strip
- [] Chicken Picatta
- [] Vegetarian Selection

For Office Use
Acct #41502-717

_____ date

Check one of the boxes below:

Eligible to Vote

Pastor []

Layperson []

Associate Pastor []

Assistant Pastor []

Alt. Delegate []

Non-voting

Pastor (Asst/ Asst) []

DCE/DCO []

Pastor Emeritus []

Deaconess []

MAL []

Teacher []

Deacon []

Teacher Emeritus []

Guest []

Vicar []

Staff []

Exhibitor []

Representing: _____

Other: _____

For all others attending
the Friday night dinner banquet.

Please indicate the number of people and meal
selection(s) below. Include the appropriate amount of
money for your selection(s).

of meals

_____ Sliced Roasted New York Strip (\$42.00)

_____ Chicken Picatta (\$42.00)

_____ Vegetarian Selection (\$42.00)

A late fee of \$40.00 must be included with any form postmarked AFTER APRIL 2, 2018. ALL who plan to attend the convention need to send in this form. Even if you are not participating in the banquet and/or are not staying at the convention hotel this form STILL MUST be sent to the District Office in order to prepare convention materials. Forms without money may be scanned and emailed to rita@cnh-lcms.org before April 2, 2018.

Total Remitted \$ _____

Registration deadline: April 2, 2018

Registration form must be postmarked by April 2, 2018 or a late fee of \$40.00 will be charged. Registration form must be accompanied with **payment in full for meal package and/or guest meals** and postmarked by April 2, 2018 or a late fee of \$40.00 will be charged. Return this form with your check made payable to: CNH District-LCMS. Please mail to CNH District, 2772 Constitution Drive Ste. A, Livermore CA 94551.

WALK-IN, ON-SITE REGISTRATION on 05/11/18 WILL BE PROCESSED FOR \$60.00.