



Joint Meeting Payment Form

Send Payment Form along with Attendee Form
to the CNH District Office by 9/18/18

School Name: _____

School City: _____

EC Director or Administrator: _____

Number Attending: _____@ \$15.00 per person. Amount enclosed \$ _____

Number of teachers with Dietary Restrictions — *Contact Shelly*

Make check payable to: CNH District

Send Registration Form and Check to:

CNH District — LCMS
2772 Constitution Drive
Livermore, CA 94551

Account 41315-577
Joint Meeting 18.09.28