



Evangelical Lutheran Church in Canada
Eleventh Biennial Convention, June 21-24, 2007
University of Manitoba, Winnipeg, Manitoba
REGISTRATION FORM
Registration Deadline: March 15, 2007

**DELEGATE / VISITOR
 REGISTRATION FORM**

RETURN TO: Barb Wiebe
 Convention Registrar, ELCIC
 302-393 Portage Avenue
 Winnipeg, Manitoba
 R3B 3H6

TO REGISTER:

Please complete this form in detail and return it with your payment as soon as possible but no later than MARCH 15, 2007. If your spouse wishes to attend the convention and is not a delegate, they are required to register as a visitor. Please photocopy this form or download a copy from www.elcic.ca for their use. Submit one form per attendee please. Thank you!

GENERAL INFORMATION:

Title _____ First Name _____ Middle Initial _____ Last Name _____

Gender: Female Male

Address _____ City _____ Province _____ PC _____

Work Phone: _____ Fax Number: _____ Home Phone: _____

E-Mail: _____ Synod: _____

Congregation/Parish: _____ City: _____

Indicate Category:

- | | | |
|--|---|--|
| <input type="checkbox"/> Ordained Delegate | <input type="checkbox"/> Youth Assembly | <input type="checkbox"/> National Church Council |
| <input type="checkbox"/> Lay Delegate | <input type="checkbox"/> Guest | <input type="checkbox"/> Local Committee |
| <input type="checkbox"/> Visitor | <input type="checkbox"/> Media | <input type="checkbox"/> ELCIC Staff |

MEALS:

The information letter outlines the meals provided with your registration fee. All meals except the following will be available in the cafeteria at the University. Please check the appropriate box to select your meal preference for the following four meals:

- | | | | | |
|--|-------------|---|----|------------------------------------|
| Lunch, Friday, June 22 nd | Choose from | <input type="checkbox"/> Mission in the World Lunch | OR | <input type="checkbox"/> Cafeteria |
| Breakfast, Saturday, June 23 rd | Choose from | <input type="checkbox"/> Women's Desk & ELW Breakfast | OR | <input type="checkbox"/> Cafeteria |
| Lunch, Saturday, June 23 rd | Choose from | <input type="checkbox"/> GHDA Lunch | OR | <input type="checkbox"/> Cafeteria |

VOLUNTEERS:

- I am willing to volunteer as a communion server at the Joint Day Celebration on Thursday, June 21, 2007.
- I am willing to volunteer as a communion server at the Closing Worship Service on Sunday, June 24, 2007.
- If a Visitor, I am willing to be a volunteer at the convention. Describe: _____

OTHER:

Check box if response is "Yes".

- Please reserve a seat on the bus for me to attend the Joint Day with Anglicans at Convention Centre on Thurs., June 21, 2007.
 Pick me up at the: University Campus Canad Inns – Fort Garry Best Western Inn Holiday Inn South
- I will be attending the Evening of Thanks social event on Saturday evening, June 23, 2007.

ACCOMMODATIONS:

The registration fee does **not** include accommodation for registered delegates or visitors. All delegates and visitors are responsible for the booking and payment of their own accommodations.

Accommodations are available on campus at the University of Manitoba or off campus at hotels located on Pembina Highway close to the University. See the information letter for the list of accommodations available. Please make your arrangements directly with the University or with Michelle at Continental Travel for the hotel of your choice.

TRAVEL ARRANGEMENTS FOR DELEGATES:

Please specify travel for convention only. Do not include vacation prior to or after convention. For airline reservations, please call toll free 1-800-665-2626 and ask for Michelle Thorvaldson, Travel Counselor. Please quote purchase order #69100 (Delegates Only).

Arrival Date: _____	Departure Date: _____
By: <input type="checkbox"/> Plane <input type="checkbox"/> Train	By: <input type="checkbox"/> Plane <input type="checkbox"/> Train
<input type="checkbox"/> Bus <input type="checkbox"/> Car	<input type="checkbox"/> Bus <input type="checkbox"/> Car
<input type="checkbox"/> No Ground Transportation Required	<input type="checkbox"/> No Ground Transportation Required
Company: _____	Company: _____
Flight/Train/Bus No.: _____	Flight/Train/Bus No.: _____
From: _____	To: _____
Arrival Time: _____ <input type="checkbox"/> a.m. OR <input type="checkbox"/> p.m.	Departure Time: . _____ <input type="checkbox"/> a.m. OR <input type="checkbox"/> p.m.

PAYMENT ENCLOSED:

Delegates: (includes all meals but no accommodations)
 Registration Fee \$825 \$ _____

Visitors: (no accommodations)
 Registration Fee - with meals \$240 \$ _____
 Registration Fee - without meals \$140 \$ _____
 Lunch - Joint Day at Conv. Centre \$ 25 \$ _____

Youth Assembly Participant:
 Registration Fee \$330 \$ _____

Total Enclosed \$ _____

(Make your cheque payable to ELCIC)

SPECIAL NEEDS:

(i.e. dietary requirements, allergies, etc.)

Dietary:

Other Needs:

PRIVACY PERMISSION:

I understand that the information on this form is collected for the use of synodical and national offices and will be retained indefinitely. Personal information is not shared with third parties without your express consent.

 Signature

FOR OFFICE USE ONLY:

Payment Received: Cheque # _____ Amount \$ _____ Date Received: _____ Initial: _____