

*You are responsible for making your own hotel reservations. You must contact the hotel by April 18<sup>th</sup>.*

## Conference Registration Form

### Name and Contact Information

Title:  Rev.     Dr.     Dcs.     Vicar     Mr.     Mrs.     Miss

Name: \_\_\_\_\_

Congregation: \_\_\_\_\_

Organization: (District, RSO, etc.) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Attendance (check one)

Yes, I will be attending the conference (complete the cost section below.)

No, I will not be attending the conference.

Reason for not attending: \_\_\_\_\_

### Cost (check all that apply)

\$80.00 Pastor -or- Conference Attendee (District Staff, etc.)


\$50.00 Emeritus Pastor

\$50.00 Spouse of Pastor/Attendee/Vicar Spouse's Name \_\_\_\_\_

No Charge Vicar

*Meals are included in your pricing. (Lunch, snacks, and dinner on the 2<sup>nd</sup> and breakfast on the 3<sup>rd</sup> are included.)*

**Please make CHECK payable to General Pastoral Conference**  
**And return it WITH your completed registration form by April 18, 2017 to:**



**MAIL TO**

Rev. Mike Nesbit  
St. Paul Lutheran Church  
PO Box 506  
Elizabeth, IL 61028

Please direct any registration questions to Rev. Mike Nesbit at  
nesbitm@csl.edu or (815) 858-5621.

### Registrar Use Only:

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Cross-Reference \_\_\_\_\_

Check Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_