

59th Regular Convention
LCMS - Northern Illinois District
March 9-10, 2018
Concordia University Chicago
River Forest, IL

**Due
with Delegate
Registration form**

PART 2 of 3

Convention Payment Form

(submit one form for each attendee)

Name _____

Email Address _____ Phone _____

Congregation/City _____

Convention Classification:

_____ **Voting Pastor*** _____ Advisory Pastor _____ Advisory Commissioned
_____ **Voting Lay*** _____ Lay Alternate _____ Vicar / Intern / Guest / Other

Meals:

Meals will be: Friday and Saturday – continental breakfast / lunch

They will be available on site at Concordia University for Convention delegates and guests. The package will include 2 continental breakfasts, 2 lunches and all breaks.

*All voting delegates will be charged for meals even if they are not used.

Voting Delegate (mandatory) \$41.00

All other convention attendees:

Non-voting convention attendees have the **OPTION** to purchase the convenient meal package below, or they may choose to provide their own meals in area restaurants.

Non-Voting attendee entrance fees and break package (mandatory) \$11.00
 Non-Voting attendee Meal (optional) \$31.00

***Please note if you have any strict dietary restrictions:

Other Accommodations:

Please check here if you require Deaf signing accommodation during the convention sessions. If we do not have advance notice of this request we may not be able to assure this service. If we are aware of this in advance, we can also provide reserved seating.

Payment options:

pay online; go to the convention page at www.nidlcms.org,
 use the credit card payment form and send it in with the convention payment form
 send check payable to LCMS Northern Illinois District, with the convention payment form

LCMS Northern Illinois District
Attention: Lori Trinche
2301 South Wolf Road
Hillside, IL 60162-2298

Questions? Email lori.trinche@nidlcms.org, or call the NID Business Office at 1-708-449-3020

Return form (with payment) upon receipt

CREDIT CARD PAYMENT FORM

Complete below to make your payment using your credit or debit card.

Card type: Visa Discover Master Card Today's date: _____

Amount: \$ _____

Congregation Name, City _____

Name on Card (print) _____

Card Number _____ Expiration Month/Year _____

Cardholder's Signature _____

Address: _____

City/State/Zip: _____

Phone to use if we have questions about this form _____