

# Voting Delegates (A)

**59<sup>th</sup> Convention of the NID – LCMS, March 9 and 10, 2018**

**PLEASE PRINT or TYPE all information for the sake of accuracy.**

**Note:** In selecting delegates and nominating for office, please be aware that district uses email and website in communicating with leaders [www.nidlcms.org/convention](http://www.nidlcms.org/convention)

**Congregation**

Congregation \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Church Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

**Voting Pastoral Delegate** (must be holding a call to the congregation)

Name \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ MI \_\_\_\_\_ Rev

Last

First

MI

Home Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

**Voting Lay Delegate** (cannot be a rostered worker)

Name \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ MI \_\_\_\_\_ Prefix: \_\_\_\_\_

Last

First

MI

Street Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

**Voting Lay Delegate – Alternate** (cannot be a rostered worker)

Name \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ MI \_\_\_\_\_ Prefix: \_\_\_\_\_

Last

First

MI

Street Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

**To Credential Delegates both signatures are required.**

Date: \_\_\_\_\_

\_\_\_\_\_  
(Congregation Chairman/President)

\_\_\_\_\_  
(Congregation Recording Secretary)

For a delegate to be considered for a floor committee position, the delegate form must be returned by **September 30, 2017**. Moreover the district office would appreciate receiving the delegate forms as early as possible and preferably by September 30. **Scan and email to [ronda.wilmot@nidlcms.org](mailto:ronda.wilmot@nidlcms.org) or mail completed form to 2301 S. Wolf Rd., Hillside, IL 60162-2298**

**Advisory Delegates (B)**

**59<sup>th</sup> Convention of the NID – LCMS, March 9 and 10, 2018**

*PLEASE PRINT or TYPE all information for the sake of accuracy.*

**Note:** In selecting delegates and nominating for office, please be aware that district uses email and website in communicating with leaders: [www.nidlcms.org/convention](http://www.nidlcms.org/convention)

**Congregation** (Copy this form to meet your needs.)

Congregation \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

**Advisory Delegate** (Please identify each individual as one of the following:)

Pastor \_\_\_ Comm. Teacher \_\_\_ Interim Pastor \_\_\_  
Deaconess \_\_\_ DCE \_\_\_ DCO \_\_\_ Other: \_\_\_\_\_

Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Prefix: \_\_\_\_\_  
Last First MI

Street Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Email \_\_\_\_\_

**Advisory Delegate** (Please identify each individual as one of the following:)

Pastor \_\_\_ Comm. Teacher \_\_\_ Interim Pastor \_\_\_  
Deaconess \_\_\_ DCE \_\_\_ DCO \_\_\_ Other: \_\_\_\_\_

Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Prefix: \_\_\_\_\_  
Last First MI

Street Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Email \_\_\_\_\_

**Advisory Delegate** (Please identify each individual as one of the following:)

Pastor \_\_\_ Comm. Teacher \_\_\_ Interim Pastor \_\_\_  
Deaconess \_\_\_ DCE \_\_\_ DCO \_\_\_ Other: \_\_\_\_\_

Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Prefix: \_\_\_\_\_  
Last First MI

Street Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Email \_\_\_\_\_

**To Credential Delegates both signatures are required.** Date: \_\_\_\_\_

\_\_\_\_\_  
(Congregation Chairman/President)

\_\_\_\_\_  
(Congregation Recording Secretary)

For a delegate to be considered for a floor committee position, the delegate form must be returned by **September 30, 2017**. Moreover the district office would appreciate receiving the delegate forms as early as possible and preferably by September 30. **Scan and email to [ronda.wilmot@nidlcms.org](mailto:ronda.wilmot@nidlcms.org) or mail completed form to 2301 S. Wolf Rd., Hillside, IL 60162-2298**

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](http://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](mailto: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 \_\_\_\_\_