**Due with Advisory Delegate**

**Registration form**

**60th Regular Convention**

**LCMS - Northern Illinois District March 12 and 13, 2021**

**Concordia University Chicago River Forest, IL**

**PART 2**

**Advisory Delegate & Non-voting Attendee Convention Payment Form** *(submit one form for each attendee)*

Name

Email Address Phone

Congregation/City

Convention Classification:

Advisory PastorAdvisory Lay

Advisory Commissioned

Lay Alternate **\_\_\_\_\_** Spouse

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 other convention attendees excluding Voting delegates :

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) $10.00
* Non-Voting attendee Meal (optional) $30.00

***Total $40 includes entrance & meals***

\*\*\*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 2301 South Wolf Road Hillside, IL 60162-2298

**Payment 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