Lodging Reservations must be made separately by Thursday, August 23rd. See letter for details.

Conference Registration Form Name and Contact Information

Title:	☐ Rev.	☐ Dr.	☐ Mr.	☐ Mrs.	☐ Miss	
						Circuit:
_						
City:				State:		Zip:
Phone: _						
E-Mail:						
Attendan	ce (check o	ine)				
			f (-1-4- C4 1M	(1- 11)	
		l be attending the not be attending t	•	piete Cost and M	leais below).	
		r not attending: _				
Cost (check	k all that app	ly)				
	\$100.00	Pastor -or- Co	nference Attende	e (District Staff	, etc.)	
	\$75.00	Spouse of Pasto	or or Attendee	Spouse'	s Name:	
	\$40.00	Emeritus Pasto	r -or- Vicar			
	\$40.00	Wife of Emerit	us Pastor or Vicar	r Wife's l	Name:	
Ieals (to	assist in prop	er planning for m	neals, check each	of the meals you	ı would like to r	eceive)
Monday,	September 24	4: Me	eals are on your o	wn. Refreshmen	its will be provi	ded at the evening gathe
Tuesday,	September 2	5:	Breakfast	Lunc	h	Dinner
Wednesda	ay, Septembe	er 26:	Breakfast	Lunc	h	
						 1
	Ι		CK payable to So h this completed I	•	•	
			Rev. James B	Barbey, SRPC		
	Living Heri	itage Lutheran Ch	urch • 1200 W. I	US Hwy. 34, Sui	te A • Plano, l	L 60545-1793
Wednesda	1	Please make CHE and send it wit	CCK payable to So h this completed I Rev. James B	outh Regional Paragraphics Registration Formal Barbey, SRPC	astoral Confere m by August 31	•

Check Date ____/___ Check # _____

Check Amount ___