

Northern Illinois District – North & West Fall Pastors' Conference
Lake Lawn Resort, Delavan, Wisconsin
Tuesday & Wednesday | October 13 & 14, 2015

West Region Registration Form

Name and Contact Information

Title: _____ (Check if Emeritus)
Name: _____
Congregation or Entity: _____ Circuit: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Attendance (Check one)

- Yes** - I will be attending the conference (please complete Cost and Meals below)
 No - I am unable to attend the conference.

Reason: _____

Cost (Please check all that apply)

- \$40.00** Conference Attendee
 \$40.00 Spouse or Guest Attending

Name of Spouse or Guest: _____

\$ _____ Total Amount Included With Registration Form

To assist in appropriate planning for meals, please circle which meals you intend to receive. (Please note that the price of registration is the same regardless of the meals you select.)

Tuesday, October 13: *Breakfast Lunch* | Wednesday, October 14: *Breakfast*

Please make check payable to: West Region Pastors' Conference

Return completed registration form and payment by **Thursday, October 1, 2015** to:

Attn: Conference Registrar, Rev. Matt Hoffmann
St. Andrews Lutheran Church, 260 N Northwest Highway, Park Ridge, IL 60068