

**TOWARDS A MORE WELCOMING AND INCLUSIVE CHURCH  
FEBRUARY 15 – 18, 2008  
MINNEAPOLIS, MINNESOTA  
REGISTRATION FORM**

**NAME:**

\_\_\_\_\_

Title

First name

Last name

**GENDER:**

Male  Female  M-to-F Transgendered  F-to-M Transgendered

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE/PROVINCE:** \_\_\_\_\_

**COUNTRY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **CELL HOME OFFICE (circle one)**

**EMAIL:** \_\_\_\_\_

**EMERGENCY CONTACT:**

\_\_\_\_\_

**EMERGENCY CONTACT TELEPHONE:**

\_\_\_\_\_

**HOME CONGREGATION NAME:**

\_\_\_\_\_

**DENOMINATION:**

\_\_\_\_\_

**HOME CONGREGATION CITY, STATE/PROV.:**

\_\_\_\_\_

**WELCOMING CONGREGATION?**  Yes  No

**NAME TO APPEAR ON NAMETAG:** \_\_\_\_\_

**SPECIAL NEEDS:**

Please help connect me with others needing a roommate.

Vegetarian diet  Other dietary needs: \_\_\_\_\_

Other considerations (accessibility, allergies, non-smoking, etc., please specify):

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Host Housing Requested (not guaranteed)

**PAYMENT INFORMATION:**

REGISTRATION FEE (\$85.00) \$ \_\_\_\_\_  
 DONATION FOR SPONSORSHIP OF SCHOLARSHIPS \$ \_\_\_\_\_  
**TOTAL DUE:** \$ \_\_\_\_\_

**REGISTRATION INSTRUCTIONS:**

Make check or money order payable in US funds to:

Brethren Mennonite Council

And send to:

National Field Organizer  
c/o The Institute of Welcoming Resources  
810 West 31st Street  
Minneapolis, Minnesota 55408

**All mail-in registrations must be postmarked by February 8, 2008.**

**Deadline for registration is February 8, 2008. Cancellation fee: \$25. No refunds after February 10, 2008.**

**FOR OFFICE USE ONLY:**

Postmark date: \_\_\_\_\_

Amount paid: \_\_\_\_\_

Contact ID#: \_\_\_\_\_

**If you have questions, please contact:**

**Anita Bradshaw**

**612/791-8217**

**[nfo@welcomingresources.org](mailto:nfo@welcomingresources.org)**