

2016 SYNOD ASSEMBLY REGISTRATION

Name (Last, First) _____
Address _____
City / State / Zip Code _____
Home Congregation / City _____
Phone _____ E-mail _____

FEES & MEALS

Registration Fee \$65
Please note that the registration fee includes one banquet ticket and is non-refundable.

- Friday, June 3 **EXTRA** Banquet Ticket— \$29 _____
 Late fee...beginning May 16, 2016 \$25

TOTAL AMOUNT DUE and ENCLOSED _____

Banquet Menu:

Petit Salad and Rolls; Bacon wrapped Turkey Filet, Mashed Potatoes, Green Beans, Chocolate Cake or Carrot Layer Cake, Coffee/ Ice Tea / Water

- I have special dietary needs.** Please indicate special dietary restriction:
Gluten Free _____ Vegetarian _____
Allergy (specify, i.e. shellfish, nuts, citrus, etc.) _____
 Check here for hearing assistance.

★ LODGING INFORMATION

ONLY those registering as *Synod Council members, Rostered Specialized Ministry and Retired Clergy* categories are eligible for pre-arranged overnight accommodations at the Embassy Suites. Accommodations provided are for Thursday, June 2 and Friday, June 3, 2016. Wednesday, June 1st will be at your expense. Please indicate your needs below.

Arrival _____ Departure _____

Circle Room Type: Single Double

Additional Room Guests: _____

- Check for physical disability and identify your needs.

REGISTRATION CATEGORIES

- Clergy
 Lay Voting Member
 Diaconal Minister
 Associate in Ministry
 Youth
 Synod Council★
 Specialized Ministry★
 Retired Clergy★
 Rostered Non Voting
 Visitor

★See Lodging Section Below

CONFERENCE

- East Central
 Northeast
 Northern
 Northwest
 Southern
 West Central

CHECK APPROPRIATE BOX

- Male
 Female



MAIL TO



Make Checks Payable to...

**Central/Southern
Illinois Synod
524 South Fifth
Springfield, IL 62701**

by May 16, 2016

PLEASE MAKE COPIES AS NEEDED.