**REGISTRATION FORM, deadline September 16th**

***WOMEN OF THE ELCA***

***Upstate New York Synod 2019 Convention***

**October 4th – 6th (Friday, Saturday and Sunday)**

**at Notre Dame Retreat House**

**5151 Foster Road, Canandaigua, NY 14424, (585) 394-5700**

**Registration Fee $65; cost for lodging includes meals:**

**Double Room (2 beds) with bath, $170 per person**

**Single Room with sink, $200 per person - shared toilet (Jack and Jill setup)**

**Saturday only $75 (Registration and meals)**

**“AND GOD SAID…WALK A FAITHFUL JOURNEY”**

**Please print**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Badge Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month of birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Dietary, Mobility or Special Needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Need registration confirmation by postal mail? (otherwise sent via email) □ Yes □ No**

**Does your church have a WELCA unit? □ Yes □ No**

**You are reserving a: □ Single Room □ Double Room □ Coming on Saturday only**

**Will you need a roommate? □ Yes □ No Person’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mark all that apply: □ Voting Member (Delegate) □ Alternate □ Participant**

**□ Visitor □ Board Member □ Conference Coordinator □ Scholarship recipient**

**□ First time attending**

|  |  |  |
| --- | --- | --- |
| Weekend Registration Fee | $65 | \_\_\_\_\_\_\_\_ |
| Saturday Registration Only  (includes Registration & meals) | $75 | \_\_\_\_\_\_\_\_ |
| Single Room  (includes meals) | $200/person | \_\_\_\_\_\_\_\_ |
| Double Room  (includes meals) | $170/person | \_\_\_\_\_\_\_\_ |
| Your Total |  | \_\_\_\_\_\_\_\_ |

**MAKE CHECK PAYABLE TO Lutheran Church of Our Saviour and send to:**

**Simone Harter**

**Lutheran Church of Our Saviour**

**2415 Chili Avenue, Rochester, NY 14624**

**Please note on the check “WELCA convention”**

**Any questions, contact Simone at** [**office@oursaviourrochester.org**](mailto:office@oursaviourrochester.org) **or (585) 247-7824.**