

Indiana-Kentucky Women of the ELCA Biennial Convention

*For Such a Time as This*

September 15-16, 2017

Doubletree Hotel and Convention Center, South Bend, Indiana

**REGISTRATION FORM**

*Registration Deadline August 25, 2017*

Please **Print** or **Type**

Name (one form per person) \_\_\_\_\_ Cluster \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Congregation Name \_\_\_\_\_ Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check one: \_\_\_\_\_ Voting Member \_\_\_\_\_ Alternate \_\_\_\_\_ Clergy \_\_\_\_\_ Board \_\_\_\_\_ Visitor \_\_\_\_\_

Guest \_\_\_\_\_ Convention Representative (with voice) \_\_\_\_\_ Cluster Coordinator (\$50 waived; not a voting member)

**Registration Categories: (choose 1)**

\_\_\_\_\_ **\$125.00 Early Bird Registration – Deadline July 31, 2017** (Full convention participation, workshops, two lunches, and Friday night banquet)

\_\_\_\_\_ **\$150.00 Full registration – Deadline August 25, 2017**

\_\_\_\_\_ **\$100.00 All Day Friday** (includes all activities, workshops, lunch and banquet)

\_\_\_\_\_ **\$65.00 All Day Saturday** (includes all activities, workshops, and lunch)

\_\_\_\_\_ **\$100.00 Friday Banquet and All Day Saturday** (includes Friday banquet, worship, all Saturday activities, workshops, and lunch)

\_\_\_\_\_ **\$35.00 Friday Banquet and Worship only**

\_\_\_\_\_ **Total Amount Enclosed**

*Send your registration form and check payable to I-K Women of the ELCA Convention to registrar: Barbara Dietz, 1917 Denslow Drive, South Bend IN 46614.*

**Room Reservations: Rate is \$99 plus taxes per night through August 17 or until the block is sold out. If reserving by phone, be sure to specify the Indiana-Kentucky Women of the ELCA.**

Hotel Name: [DoubleTree by Hilton Hotel South Bend](#)

Hotel Address: 123 North St. Joseph Street  
South Bend, Indiana  
46601

Phone Number: 574-234-2000

Online Registration <http://doubletree.hilton.com/en/dt/groups/personalized/S/SBNSBDT-IKW-20170914/index.jhtml>.

**SPECIAL NEEDS ROOMS:** Notify the hotel when you make your room reservation.

**SPECIAL DIETARY NEEDS:** Please state special dietary needs: \_\_\_\_\_

**Emergency Contact Information:** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Alternate Phone \_\_\_\_\_