

2014 LWML IED CONVENTION - REGISTRATION FORM

June 20-21, 2014

Best Western Regency Inn—3303 South Center St. -Marshalltown, IA

Complete one form for EACH person attending and make a copy for your reference.

NAME:				(Please Print Clearly)
ADDRESS:				
CITY:	STATE:	ZI	P:	
PHONE: ()	_*E-MAIL	:		
LWML ZONE:	_NAME O	F CHURCH:		
ATTENDANCE: (Check One) Delegate (must register as full-time) Alternate LWML IED Board Member – (voting) LWML IED Board Member – (non-voting) Pastor Guest	CHECK SPECIAL ASSIST Wheelchair Gluten Free mages and the company of the			eals eals
FRIDAY SERVANT EVENT:I will b	e attending			
FRIDAY BOX LUNCH: (Please check one ofTurkey and American Cheese		O *		_Ham and Swiss
FRIDAY NIGHT BANQUET: (Please checkRoast Pork Loin		following) Cordon Bleu		
FEES: (Check One) Full-time (registration fee, Fri. lunch & baFriday only (registration fee, Fri. lunch & baFriday banquet only Saturday only (registration fee and plated by the complementary breakfast is included with the	banquet) luncheon) h lodging b	\$60.00 \$35.00 \$45.00 ut is NOT include	After M After M d for Satur	
Total Amount Enclosed: \$(make check	payable to: LW	ML IED (Convention)
For a confirmation notice, provide email* (above	e) or enclose	a self-addressed s	tamped en	velope with this form.

Send Registration Form and Check to: Trinity Lutheran Church Attn: Arlene Troester 16 12th Avenue, NE Hampton, IA 50441

Registration Form and fees are due by May 1, 2014 and are not refundable.

MEALS CANNOT BE GUARANTEED FOR REGISTRATIONS RECEIVED AFTER June 6, 2014.