

NEW ENGLAND WOMEN OF THE ELCA
2022 Biennial Convention -- Registration Form

Suffix		
Last Name		
First Name		
Home Address1		
Home Address2		
City		
ZipCode		
State		
Email		
cell/home phone		
Church Name		
Church City		
Conference	Maine	
	New Hampshire	
	VT/Western MA	
	Central MA/Boston Metro	
	SE MA/Rhode Island	
	Greater New Haven/ Southern CT	
	Central CT/Greater Hartford/Eastern CT	
	Naugatuck Valley	
I come as a	Voting Member	
	Non-voting attendee	
If Voting Member	This is my first convention	
	This is not my first convention	

Options

CONVENTION COSTS

My Pick

1 If you are coming as a **Voting member**, registration fee is **waived**.
the COST below is for **Lodging** (Thursday and Friday),
and Meals (Thursday D, Friday B/L/D, Saturday B/L)

Accommodation selections:

a	Conference Center	\$184	\$
b	Village Cabins	\$184	\$
c	Retreat Lodge	\$172	\$
d	Staff House	\$172	\$

2 If you are coming as a **Voting member**, and as a Commuter,
registration fee is waived.

a	2 Lunches and 2 Dinners	\$60	\$
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3 If you are coming as a **Non-voting attendee**,
 the COST below includes **Registration Fee, Lodging** (Thursday and Friday),
 and Meals (Thursday D, Friday B/L/D, Saturday B/L)

Accommodation selections:

a	Conference Center	\$229	\$
b	Village Cabins	\$229	\$
c	Retreat Lodge	\$217	\$
d	Staff House	\$217	\$

4 If you are coming partially as a **Non-voting attendee** for:

a	One night	Conference Center or Village Cabin	\$99	\$
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Thurs __ Friday __

5 If you are coming as a Commuter **Non-voting attendee**:

include meals desired:

a	Thu D, Fri B/L	Thursday and day Friday	\$83	\$
b	Fri L/D, Sat L	Friday and Saturday	\$87	\$
c	Fri L/D	Friday	\$75	\$
d	Sat L	Saturday	\$57	

6 Additional:

a	Late Registration Fee \$5 (if pay after October 5th)		\$
b	Donate to Scholarship Fund suggested \$10		\$
	Less "May special \$100 gift" if applicable		- \$

TOTAL _____

Please enclose your check payable to NE/Women of the ELCA

Mail registration to Paula Rosenbeck, Registrar
 356 Tarringford W. Street # 313
 Torrington, CT 06790

Special dietary or physical needs: _____

Preferred name for NameTag? _____

Roommate request _____

Emergency Contact: Name / relationship / phone number
