



Registration Form

LWML North Dakota District 40th Biennial Convention

June 24~26, 2022

Delta Hotel by Marriot

Fargo, ND

Name (Please Print) _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Email Address** _____

Your LWML Zone _____

Your Church Name _____ **Church City** _____

****Please fill out ONE of the boxes below, whichever applies to you**

VOTING REGISTRATION \$75	
<i>(Does not include meals!)</i>	
	Check One:
Voting Delegate	<input type="checkbox"/>
Voting Member of BOD	<input type="checkbox"/>
Voting Past District President	<input type="checkbox"/>

NON-VOTING REGISTRATION	
<i>(Does not include meals!)</i>	
	Check One:
Attending all 3 days of convention	<input type="checkbox"/>
Attending Saturday ONLY	<input type="checkbox"/>
YWR	<input type="checkbox"/>
Clergy	<input type="checkbox"/>
Guest/Spouse with paid member	<input type="checkbox"/>
Convention Worker	<input type="checkbox"/>

MEAL PACKAGE: \$70.00

-Lunch: Sandwich Buffet

-Dinner: Chicken Breast Dinner

EXHIBITOR REGISTRATION: \$25.00 per 8' skirted table (if you have not done so, you must also contact Sharon Kroeplin at 701-371-2732 or email: sharon.kroeplin@gmail.com address: 13861 3rd St SE; Hope, ND 58046

REGISTRATION DEADLINE: Delegates ~ May 24th; All others ~ June 1st

Full Registration – Friday through Sunday, June 24-26, 2022	\$75.00	\$
Registration – Saturday, June 25 only	\$60.00	\$
Registration – Young Woman Representative (YWR)	\$55.00	\$
Registration – Clergy	\$60.00	\$
Registration – Guest/Spouse with paid member	\$60.00	\$
Registration – Convention Worker	\$40.00	\$
Registration - Exhibitor	\$25.00/table	\$
Meal Package (Saturday)	\$70.00	\$
TOTAL AMOUNT DUE	Ck #	\$

Make check payable to: LWML ND District and mail with this form to: **email: bonnbb@hotmail.com**

Bonnie Kittleson, 1216 8th St N, Fargo, ND 58102

Please send my registration confirmation by: Email Mail

PLEASE CHECK THE EVENTS YOU PLAN TO ATTEND:

Convention Choir Rehearsal, Friday 2:00-4:00 p.m., Grace Lutheran	<input type="checkbox"/>
Servant Events, Friday 2:30-4:00 p.m.	<input type="checkbox"/>
(Packing Mercy Meals; Sorting and Packing Ingathering Items)	<input type="checkbox"/>
Delegate meeting, Friday 4:15-5:00 p.m., Grace Lutheran	<input type="checkbox"/>
Friday Supper, 5:00 p.m., Grace Lutheran (no cost)	<input type="checkbox"/>

attending _____

HOUSING INFORMATION: Delta Hotel by Marriott, 1635 42nd St S, Fargo ND 701-277-9000

Room rate: \$139.00 Be sure to mention "LWML Convention".

Trim here and mail

LWML Health and Emergency Information Form

This form needs to be completed for each person attending convention

Name _____

Address _____

Whom should we notify in case of emergency?

Name _____

Relationship _____

Phone (Day) _____

Phone (Night) _____

At the convention, I am traveling / rooming with _____

Their cell phone number is _____

MEDICAL INFORMATION

Please list any health conditions that should be known before any emergency treatment: _____

Please list any medication emergency personnel should be aware of: _____

Please list any DIETARY NEEDS: _____

Please list any PHYSICAL LIMITATIONS: _____

Trim here and mail