



REGISTRATION FORM

Lutheran Women's Missionary League Eastern District
37th Biennial Convention--June 1-3, 2018
 DoubleTree by Hilton - Niagara Falls
 401 Buffalo Avenue, Niagara Falls, NY 14303
 Phone: (716) 524-3333 Fax: (716) 524-3330

**"The Voice
of the
Lord "**

Psalm 29:3-4

Name:	LWML Zone:
Address:	Home Church:
City:	Church City & Zip:
State:	Phone: ()
E-mail:	

I will be serving as a: **(please circle all that apply)**

Delegate	Alternate Delegate	Clergy	Exhibitor	Choir	Guest
Speaker/Special Guest	Young Woman Representative	Conv. Committee	Board of Directors		

REGISTRATION (Deadline: April 30, 2018)

\$ 35.00 Registration Fee <i>(required for all registrations)</i>	\$
\$ 45.00 Late Fee <i>(additional fee for all registrations received after April 30, 2018)</i>	\$
Total Due for Registration:	\$

LODGING (Please circle choice of lodging)

Room Rates (includes taxes & fees): 1 person per room \$117.00 per person per night 2 people per room \$ 58.50 per person per night 3 people per room \$ 39.00 per person per night 4 people per room \$ 29.25 per person per night	I will be staying: ___ Thursday Night ___ Friday Night ___ Saturday Night ___ Sunday Night Spouse attending: No ___ Yes ___ Spouse's name: _____
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Roommates: _____

Note: Roommates will be assigned if none specified; 2 or more people per room are requested.

Total Due for Lodging: \$

MEALS & HOSPITALITY Please note Special Dietary Requests on page 2

Meal Prices (includes gratuity) ___ Friday Dinner Buffet \$30 ___ Saturday Breakfast \$15 ___ Saturday Lunch \$20 Select one : ___ Burger ___ Chicken Salad Wrap ___ Saturday Banquet&Entertainment \$35 ___ Sunday Breakfast \$15	\$ \$ \$ \$ \$
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	Total Due for Meals:	\$
	Total Due for Registration, Meals & Lodging:	\$
	Total Due for Tour:	\$
	Subtotal for Registration, Lodging & Meals	\$
	Less amount paid by District (for YWR/Speaker/Board only):	\$
	GRAND TOTAL DUE:	\$

Make checks payable to : LWML Eastern District Convention
***MAIL completed REGISTRATION FORM and FULL PAYMENT to:**
Terry Hoffman, Registration Chairman, 4181 Church Road, Lockport, NY 14094 (716-255-2612)
WOULD LIKE TO RECEIVE CONFIRMATION NOTICE: EMAIL OR MAIL (please circle one)
 IF BY MAIL, PLEASE INCLUDE A SELF-ADDRESSED, STAMPED BUSINESS SIZE ENVELOPE WITH YOUR PAYMENT & REGISTRATION

Registration Chairman Only: Received On: _____ Check(s): _____ Amount: _____

