

REGISTRATION FORM

(Please complete all categories; duplicate as required)

PERSONAL INFORMATION

First Name: _____ Last Name: _____ Gender: M F

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

CONGREGATIONAL INFORMATION

Congregation: _____ City/Town: _____

Indicate: (x) Rostered Delegate: _____ Lay Delegate: _____

Alternate Delegate: _____ Visitor: _____

Invited Guest: _____ Press: _____

Delegate between the ages of 16-22 yrs.: _____

When will you arrive? _____ When will you depart? _____

Will you require accommodations? _____

Will you be accompanied by other family members? Y/N _____

Will they be staying with you? Y/N _____ For how many nights? _____

Spouse: Y/N _____ Children: Y/N _____ Age(s): _____

Will child care be required? Y/N _____

Do you or any family members attending have any special needs (e.g. dietary/mobility/etc.) Please indicate: _____

ACCOMMODATION

The smoke-free residence features some single rooms (about 12) and double rooms. None have private baths. The Freshman Residence has one large washroom for each wing. The Ravine Complex has shared baths between two rooms. **These are basic residence rooms with few luxuries.** It is recommended that you bring your own pillows and towels. Visit www.augustana.ualberta.ca/aboutus/webtour for a tour of the facilities.

Delegate rooms will be paid by the Synod. Visitors (including spouse, children) may also book accommodations at the Residence but must pay the room rate of \$30.00/night to the Synod in advance of the Convention.

TRAVEL

Transportation assistance required: Y/N: _____ Flight/Bus #: _____

Location, Arrival Date & Time for pickup: _____

Departure Date & Time if assistance required for return: _____

BANQUET

Delegates will be issued one banquet ticket. Please indicate below, the number of extra banquet tickets that you wish to purchase (\$35 each), for spouse or guest, if any.

PHOTOGRAPHY

Please note that accredited photographers will be in attendance at the Convention. Your participation in the convention indicates consent to being photographed, unless you request otherwise. To request that you not be included in any photographs, please contact the convention office at the start of the convention.

MORE INFORMATION

If you require more information prior to receiving your Delegate or Visitor letter in mid-March, please check out the Synod's website at www.albertasynod.ca or call the synod office at 780, 439-2636 or toll-free at 1-877-430-2636.

Additional Banquet Tickets (\$35 each) _____

Visitor's Registration Fee (\$25.): _____

Visitor's Accommodation (\$30/night): _____

Visitor's Meal Package (\$26/day): _____

Total Enclosed \$ _____