

## REGISTRATION October 14-16, 2015 \* Maria Stein, OH

please print Limited Registration Available. *DEADLINE SEPTEMBER 23, 2015		
NAME		
FIRST M.I. LAST		
ADDRESS		
STREET	CITY, STATE	ZIP CODE
PHONE	EMAIL	
HOME MOBILE		
CONGREGATION	T	
CITY/STATE	SYNOD	
Require Handicap Accessible Room?	ИО	YES
Please Note any Special Dietary Considerations/Allergens	VEGETARIAN	VEGAN
OTHER:	GLUTEN FREE	DAIRY FREE
Cost includes: all materials; single room Wednesday 3pm through Friday 3pm; Dinner Wednesday; Breakfast/Lunch/Dinner Thursday; Breakfast/Lunch Friday		
Event Questions? Contact Ron Luckey at 859-420-3835 or <a href="mailto:jimedal174@gmail.com">jimedal174@gmail.com</a> ;		
or Cindy Geisen at 812-449-9986 or <a href="mailto:mailto:mailto:mm">matterofcat@hotmail.com</a> Registration Questions? Contact Carol Webb, 317-253-3522		
Make Checks Payable to: ELCA Region 6 Send Form and Check to: IN/KY Lutheran Center Attn: Carol Webb		
	911 E 86 <sup>TH</sup> ST	
REQUESTING PARTIAL SCHOLARSHIP ASSISTANCE INDIANAPOLIS IN 46240		
☐ CHECK ENCLOSED FOR \$165		
☐ CHECK ENCLOSED FOR \$; BALANCE TO BE FORWARDED PRIOR TO SEPTEMBER 23, 2015 BY:		
FOR OFFICE USE:		
Date Received Scholarship Assistance \$/From		
Paid in Full Date Room Assign	ned Dietary Not	ified 🗌