



EXTREME SERVICE

1 Peter 4:10-11

California~Nevada~Hawaii
LWML Convention 2012
Rohnert Park, California

REGISTRATION FORM

(Please Complete All Items)

ZONE #: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE / ZIP: _____

PHONE: _____

E-MAIL: _____

CHURCH: _____

CITY: _____

VOTING:

- _____ Delegate
- _____ District Executive Committee
- _____ Zone President
- _____ Past District President

NON-VOTING:

- _____ General Registration
- _____ District Committee Member
- _____ District Pastoral Counselor
- _____ Zone President Alternate
- _____ Alternate Delegate
- _____ Special Guest
- _____ Non-Voting Executive Committee
- _____ Clergy (Registration Fee waived)
- _____ Young Women Rep (YWR)

_____ This is my first time attending a CNH LWML Convention.

_____ I am a Thrivent for Lutherans member.

HOSTESS:

_____ I would be willing to serve as a hostess during the event.

Hostess Chairman will contact you for available times.

[Registration Form continues on reverse]

NAME: _____

PHONE: _____

SPECIAL NEEDS:

_____ Deaf Interpreter (In adherence with current CNH District Policy, five (5) hearing impaired persons must be registered in order for a signer to be provided, and Registration must be postmarked by April 1, 2012)

_____ Vegetarian Meal (Banquet) _____ Vegan Meal (Banquet)

CONVENTION CHOIR: Rehearsal will be on Saturday, April 21, 5:00-6:15pm.

_____ Soprano I _____ Soprano II _____ Alto I _____ Alto II Other: _____

REGISTRATION FEES:

Make a check mark to the left of the event you are attending; fill in dollars of checked items

- _____ Early (postmark by 04/05/12) \$ 75.00 \$ _____ (Meals Not Included)
- _____ Late (postmark after 04/05/12) \$ 90.00 \$ _____ (Meals Not Included)
- _____ One-Day Only \$ 60.00 \$ _____ (Saturday Lunch Included)
- _____ Worship Extravaganza (Friday 1-3pm) \$ 7.00 \$ _____
- _____ Meal Package (Sat Breakfast, Sat Lunch, Sat Night Banquet, Sunday Breakfast) \$123.00 \$ _____
- _____ Saturday Continental Breakfast \$ 24.00 \$ _____
- _____ Saturday Night Banquet Only \$ 47.00 \$ _____

TOTAL REMITTANCE \$ _____

Make checks payable to: CNH LWML *No refund after April 10, 2012

Mail Registration Form with check to: **Karen Mauer**
1281 Kilcrease Circle,
El Sobrante, CA 94803
gmakaen1281@sbcglobal.net
Phone: 510-223-5297

FOR YOUR INFORMATION

BLOOD MOBILE: Friday only, 12noon-5pm, Doubletree Parking Lot.

Please go to www.bloodcenters.org or www.bloodheroes.com to reserve a specific time and see other info; bring photo id; be well-hydrated and have a good meal prior to donating.

HOTEL ACCOMMODATIONS:

Reservations *must be made* directly with the Hotel.

DoubleTree – Sonoma Wine Country

One DoubleTree Drive,

Rohnert Park, CA 94928

707-584-5466 / 800-222-8733

- Ask for the LWML group rate = \$99 per room (1-4 persons can occupy) plus applicable taxes
- In order to receive this price, reservations must be made by April 15, 2012.
- Any reservations made after April 15, 2012 will be subject to current hotel room rates and availability.
- Ask if you need a wheelchair accessible room (limited number – reserve early)
- Ask if you need a ADA (disabled accessible) room (limited number – reserve early)
- Give them the name of your room mate(s).