



REGISTRATION FORM

Name _____
 Address _____
 City _____ State ____ Zip _____
 Home phone _____ Cell Phone _____
 Email _____
 Home Congregation _____ City _____
 Society _____ Zone _____

**2018 LWML Oregon District Convention July 6-8, 2018
 Clean Slate ~ ~ Cleansed in Christ**

"Be kind and compassionate to one another forgiving each other just as Christ God forgave you." Ephesians 4:32

Macleay Conference and Retreat Center, 2887 74th Ave. SE, Salem OR 97317

I will be attending the convention as:

Delegate Registration = \$100.00
 Alternate
 First Time Attendee
 LWML Member
 Young Woman
 H2H Sisters
 Guest for whole convention
 District Board of Directors (voting)
 District Special Appointed Personnel and Committee Members (non-voting)
 Past District President

Amount Enclosed

Oregon District Pastoral Counselor (registration fee waived)
 Clergy Zone Counselor Registration for Clergy = \$50.00

If ADA Accessibility is needed please contact the Housing Committee Chairman—
Jean DuBois as listed below.

Convention Choir:
 I wish to sing 1st Soprano
 2nd Soprano Alto

QUESTIONS about HOUSING
 Jean Du Bois 503-581-1200

QUESTIONS about REGISTRATION

See the website (www.orldwml.org) or the Spring Oregon Leaguer for more information

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REGISTRATION FORM— Name: _____ (Continued from Page 1)

LODGING AND MEALS

Amount
Enclosed

LODGING AND MEALS - Please select one:
 Lodge \$166.00 per person; includes 2 nights and 6 meals (Friday dinner, Saturday all meals, Sunday breakfast & lunch)
 Preferred roommate (s) _____
 (Lodge registrations please send all registration room mates together)
 Condo \$192.00 per person; includes same meal package; requires minimum of 4 occupants in each Condo (Condo registrations must be mailed together)

DAY USE

Day Use (no overnight lodging or meals included): \$31.00 per day
 Meals for Day Use : Breakfast \$9.50 Lunch \$12.50 Dinner \$15.50

EXECUTIVE COMMITTEE, BOARD OF DIRECTORS
 Dinner Thurs Night, Lodging Thurs Night, Breakfast & Lunch Friday \$71.50

CONVENTION WORKERS and GUESTS (Early Arrival Thurs. for Friday setup, Car pooling, etc.)
 Dinner Thurs Night, Lodging Thurs Night, Breakfast & Lunch Friday \$77.00

Convention Pin \$5.00 Moving for Mites \$10.00

REGISTRATION DEADLINE: June 1, 2018

Late fee if registration is postmarked after June 15, 2018 add \$15.00

AMOUNT FROM PAGE 1

TOTAL AMOUNT ENCLOSED _____

Make check payable to "Oregon District LWML"

Mail to: Oregon District LWML 2018 Convention
 c/o Anne Simila
 PO Box 612
 Monmouth, OR 97361

Please keep a copy of this form (all pages) before mailing it in



Participant Information Form, Acknowledgement and Release

The purpose of this Participant Information Form, Acknowledgment and Release is to identify each person (a "**Participant**") who wishes to volunteer with the Lutheran Women's Missionary League ("**LWML**") or participate in LWML-sponsored activities. As a condition to becoming a Participant, LWML requires each person to provide the following information and release LWML from any responsibility for his or her safety and well-being when volunteering for LWML and while participating in LWML-sponsored activities.

Name/Address: _____

Allergies and Other Known Health Risks/Problems: _____

Person to Contact in the Event of an Emergency (Name, Address, Telephone Number(s), Relationship):

Health Insurance Carrier/Policy Number: _____

Medications: _____

ACKNOWLEDGMENT AND RELEASE

I understand that to become a Participant, LWML requires me to acknowledge and agree that LWML assumes no, and disclaims all, responsibility for my safety and well-being while acting as a Participant. In consideration of LWML permitting me to be a Participant:

- (a) I acknowledge that the information set forth above is complete and accurate;
- (b) I acknowledge and agree that LWML is an auxiliary agency of The Lutheran Church (Missouri Synod) and cannot and does not accept any (and expressly disclaims all) responsibility for my safety and well-being while being a Participant;
- (c) I release LWML, its directors, officers, employees and agents from all claims, demands, actions or causes of action that I may have, now or in the future, relating to or resulting from any illness or injuries (including death) suffered by me or my possessions while being a Participant; and
- (d) I consent to any medical treatment that LWML (or any of its authorized representatives) deems to be necessary or appropriate in the event of my illness, accident or other medical emergency, and I accept full financial responsibility for any fees or expenses relating to this treatment.

DATE: _____

SIGNATURE: _____

PRINT NAME: _____