

God's Jewels

And they shall be mine, saith the Lord of hosts, in that day when I make up my jewels
(Malachi 3:17 KJV)



Lutheran Women's Missionary League - New England District

2018 CONVENTION REGISTRATION

April 13 – 14, 2018

Convention begins on Friday at 1:00 and will end Saturday at 4:00 pm



Send CHECK (payable to LWML-NED) and FORM to: Susan Lastowski, 66 Nonotuck Street, Holyoke, MA 01040-2666

Full Registration (including Friday banquet and Saturday lunch): **\$110**

One Day Registration (including Friday banquet or Saturday lunch): **\$75**

Registration must be received no later than April 6, 2018. Meals will not be guaranteed after that date.

Note: Hotel reservations should be made directly with the hotel.

Mention booking for LWML Convention and receive the special rate of \$101 per room (for up to 4 people)!

Those staying overnight at the hotel will receive a full breakfast buffet which is included in the room price.

Holiday Inn, Enfield, CT ** 860-741-2211 **

Name: _____ Home Church: _____

Street: _____

City/State/Zip Code: _____

Phone: _____

Email: _____

(Please print legibly)

Circle **one** dinner choice for Friday Banquet:

1. **Chicken Marsala** with portabella mushrooms
2. **Baked Cod** with Lemon Herb Butter

Other Information:

- I have special dietary needs: _____
- This is my First LWML-NED Convention!

I am a (circle only one):

Voting District Board Member & PDP Delegate

LWML Member

Guest

Pastor

Vendor _____ (organization)

My Zone is (circle only one):

Eastern Zone

Koinonia Zone

Mid-Valley Zone

Mountain Laurel Zone

Northern Zone

HEALTH FORM and EMERGENCY INFORMATION

PERSONAL INFORMATION:

Name _____

Address _____

City, State, Zip _____

Phone # _____

MEDICAL INFORMATION:

Primary Physician Name _____

Office Phone _____

City, State, Zip _____

EMERGENCY INFORMATION:

Whom should we notify in case of an accident or medical emergency? Please list two persons with different addresses who are not members of LWML.

Name # 1 _____

Phone # 1 _____

Contact #2 _____

Phone #2 _____

Do you have any health conditions or limitations (I.E. allergies, chronic conditions, etc.), special circumstances or medications which should be known about prior to emergency treatment? _____

Your signature _____ Date _____