



**VIRGINIA SYNOD, ELCA, ASSEMBLY
ROANOKE COLLEGE, SALEM, VA
JUNE 6-8, 2008
REGISTRATION FORM**

PLEASE PRINT:

The Rev./Mr./Mrs./Ms.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

E-Mail: _____

Conference: _____ Pastor: _____

Congregation: _____ Location: _____

PLEASE CHECK ALL THAT APPLY:

- INDIVIDUAL
 ATTENDING WITH SPOUSE
 MALE
 FEMALE
 AGE GROUP:
 16-30
 31-50
 OVER 50
 VOTING MEMBER
 LAY SYNOD COUNCIL MEMBER
 SENIOR SEMINARIAN
 VISITOR
 OFFICIAL VISITOR

PLEASE SELECT ONE (1) OF THE FOLLOWING OPTIONS

Option 1 <input type="checkbox"/> (Select) \$245.00 per person	Option 2 <input type="checkbox"/> (Select) \$270.00 per person	Option 3 <input type="checkbox"/> (Select) \$175.00 per person
Lay or Rostered Voting Members Staying ON Campus - Double Occupancy Roommate:	Lay or Rostered Voting Members Staying ON Campus - Single Occupancy	Lay or Rostered Voting Members Staying OFF Campus
Price Includes: Lodging and ALL Meals \$100.00 Registration Fee \$130.00 Travel Equalization Fee \$ 15.00	Price Includes: Lodging and ALL Meals \$125.00 Registration Fee \$130.00 Travel Equalization Fee \$ 15.00	Price Includes: Meal Package (3 Meals) \$ 30.00 Registration Fee \$130.00 Travel Equalization Fee \$ 15.00
SPECIAL HOUSING NEEDS:		
Option 4 <input type="checkbox"/> (Select) \$230.00	Option 5 <input type="checkbox"/> (Select) \$255.00	Option 6 <input type="checkbox"/> (Select) \$160.00
Visitor Staying ON Campus - Double Occupancy Roommate:	Visitor Staying ON Campus - Single Occupancy	Visitor Staying OFF Campus
Price Includes: Lodging and ALL Meals \$100.00 Registration Fee \$130.00	Price Includes: Lodging and ALL Meals \$125.00 Registration Fee \$130.00	Price Includes: Meal Package (3 Meals) \$ 30.00 Registration Fee \$130.00

Total enclosed _____ **Includes \$10.00 late fee if postmarked after May 15, 2008**

Method of Payment: <input type="checkbox"/> Check payable to Virginia Synod, ELCA <input type="checkbox"/> Credit Card (Visa or Master Card ONLY) <input type="checkbox"/> Expenses covered by synod	CHECK NO:	AMOUNT:	
	CREDIT CARD NO:		EXPIRATION DATE:
	NAME AS IT APPEARS ON CARD:		
	CARDHOLDERS SIGNATURE		

FOR OFFICE USE ONLY

DATE RECEIVED:	AMOUNT RECEIVED:	CHECK No.:
ROOM ASSIGNMENT:	DORMITORY:	ROOM No.:

SPECIAL HOUSING NEEDS

HEALTH FORM ON REVERSE SIDE MUST BE COMPLETED OR FORM WILL BE RETURNED

Please complete both sides of this form and return to Assembly Registrar, PO Box 70, Salem, VA 24153