



MARKED WITH
THE CROSS OF
CHRIST FOREVER

2005 Churchwide Assembly

Visitor
REGISTRATION

Contact Information

Prefix: Mr. Ms. Pr. Bp. Sr.

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Badge Name: _____

Address Is: Home Work

Street Line 1: _____

Street Line 2: _____

City: _____ State: _____ Zip: _____

Day Phone:(_____) Evening Phone:(_____)

Alternative Phone:(_____) E-Mail: _____

To receive a confirmation via e-mail, you *must* enter a valid e-mail address. If no e-mail address is provided, a written confirmation of your registration will be mailed to you in seven to 14 days. A confirmation notice will be generated only when you have completed and submitted your registration along with the **\$50 registration fee** in a check payable to: ELCA Churchwide Assembly -05.

Congregation Information

Congregation: _____ City: _____ State: _____

Assembly Choir

Everyone attending the Churchwide Assembly is invited to join the Assembly Choir. Several rehearsals will be scheduled throughout the assembly; none will conflict with plenary sessions. Choir members will be mailed music and a complete schedule by early summer. Please select one of the following options:

I do not wish to join choir I want to join choir; I sing Soprano Alto Tenor Bass

Emergency Contact Information

Please list a family member or friend for contact in case of an emergency.

First Name: _____ Last Name: _____

Relationship: _____ Day Phone:(_____)

Evening Phone:(_____) Alternative Phone:(_____)

Is this person traveling with you to the assembly? No Yes

Hotel Reservations

Yes, I need a room No, I do not need a room, staying elsewhere

No, I do not need a room. I am staying with a voting member. [Please specify name] _____

For this assembly, we have contracted a special rate of \$116.00 (plus 11%) per night, per room at the Orlando World Center Marriott, 8701 World Center Marriott Drive, Orlando, Florida 32821. This is a full service hotel and convention center, located a short drive from Orlando's main attractions. Visitors are encouraged but, not required to stay at this hotel. All assembly business and functions will be conducted in the convention center part of the hotel.

Arrival Date: _____ Departure Date: _____

Room Type: Single Double Other Non-Smoking: Yes No

If you selected a single room, please indicate the total number of people staying in the room: 1 2 3 4 5

Roommate

First Name: _____ Last Name: _____

Please confirm with the person before listing as roommate.

Special Needs

Special Needs:



Do you use a wheelchair? No Yes

Dietary Needs:

Flight reservations can be made with Best Travel at: <http://wcp.getthere.net/bestres> or call Best Travel at (800) 543-8016 between 8:30 A.M. – 5:00 P.M. (central time)