

GUEST FORM (B)

(Copy this form to meet your needs.)

Name _____

Email Address _____ Phone _____

Cong. Name _____ City _____

Guest Type

Alternate Voting Lay Delegate Other Guest _____

Sunday Dinner

Dinner will be offered on Sunday, June 6th immediately following the Opening Worship Service at Mount Olive Lutheran Church in Weston.

Yes, I **WILL** participate in the Sunday Dinner for \$16.00.
Dietary restrictions _____

No, I am **NOT** participating in the Sunday Dinner.

Make Checks Payable to: *North Wisconsin District* with a note in the memo section "Meals for Convention" and mail to:

LCMS North Wisconsin District
Attn: Convention Business
3103 Seymour Lane
Wausau, WI 54401

Other Accommodations

Please check here if you require Deaf signing accommodation during the convention sessions. If we do not have advance notice of this request, we may not be able to assure this service. If we are aware of this in advance, we will also provide reserved seating.

Questions

Email lori@nwdlcms.org or call the NWD Business Office at 715-845-8241, extension 103

Mail completed form and payment by May 6, 2021 to: North Wisconsin District, Lori Kavajecz-Convention Office, 3103 Seymour Lane, Wausau, WI 54401