

## 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 6<sup>th</sup> 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](mailto:lori@nwdlcms.org) or call the NWD Business Office at 715-845-8241, extension 103

**Mail completed form and payment by May 5, 2022 to:** North Wisconsin District, Lori Kavajecz-Convention Office, 3103 Seymour Lane, Wausau, WI 54401