

Please return this form to Kathie Baker by **Friday January 15, 2010**  
ELCA Colleges & Universities, Vocation & Education  
8765 W. Higgins Road, Chicago, IL 60631

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**ELCA College & University Church Relations Officers Conference REGISTRATION**  
**February 02 -- 03, 2010**  
**Newberry College**  
**Newberry, South Carolina**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
College \_\_\_\_\_ Fax \_\_\_\_\_  
Job Title \_\_\_\_\_ Email \_\_\_\_\_  
Mailing \_\_\_\_\_ Cell phone \_\_\_\_\_  
Address \_\_\_\_\_

Please note any food allergies or sensitivities:

I am \_\_\_ vegetarian \_\_\_ diabetic \_\_\_ lactose intolerant \_\_\_ other (explain)

**Mobility needs?** \_\_\_\_\_

**Emergency contact** name and relationship (optional): \_\_\_\_\_

**Emergency contact** phone number (optional): \_\_\_\_\_

Please check kind of phone number \_\_\_\_\_ Cell or \_\_\_\_\_ Home or \_\_\_\_\_ Office  
(Marilyn will keep a confidential listing of emergency contacts with phone numbers should the need for one arise.)

**TRAVEL ARRANGEMENTS**

For those church relations officers for whom a travel subsidy would make the difference between being able to attend or not, the ELCA/VE is pleased to offer travel assistance. If a travel subsidy is required to attend the conference, please contact Marilyn Olson or Kathie Baker *before* booking your flights, which must be booked through Best Travel (800/543-8016). All other conference participants may make their own travel arrangements through their preferred method.

**Please note your arrival and departure times even if you are driving (from your institution).** This information is important for planning meals and breaks, as well as coordinating transportation during the conference. Thanks!

- \_\_\_ I am taking a taxi from the airport to the hotel
- \_\_\_ I am renting a car & am willing to drive others who arrive at the same airport about the same time I do.
- \_\_\_ I am *driving from home*; I anticipate arriving at the hotel at \_\_\_\_\_.

Date & Approximate Time

**Conference Arrival information**

**Conference Departure information**

(Please note the time your flight is supposed to arrive at & depart from the airport. Please refer to Logistics to determine your airport of choice. Thanks!)

Date \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_ A.M./P.M.

Time \_\_\_\_\_ A.M./P.M.

Airport \_\_\_\_\_

Airport \_\_\_\_\_

Airline \_\_\_\_\_ Flight # \_\_\_\_\_

Airline \_\_\_\_\_ Flight # \_\_\_\_\_

NAME & INSTITUTION: \_\_\_\_\_

\_\_\_ I am bringing a guest. Guest's name: \_\_\_\_\_

My guest is \_\_\_ vegetarian \_\_\_ diabetic \_\_\_ lactose intolerant \_\_\_ other (explain)

**FOOD AND EVENTS** (Note: we must have an accurate count to plan for food & beverage needs. Thanks!)

|    |  |                                    |
|----|--|------------------------------------|
| A. | I will partake in the following events/meals:                    | My <b>guest</b> will join me for:  |
|    | ___ Tuesday lunch  | ___ Tuesday lunch                  |
|    | ___ Tuesday LECNA-sponsored dinner                               | ___ Tuesday LECNA-sponsored dinner |
|    | ___ Wednesday lunch  | ___ Wednesday lunch                |
|    | ___ Wednesday Newberry-sponsored dinner                          | ___ Wed. Newberry-sponsored dinner |
|    | ___ I/we would like to join a group for dinner on Monday evening |                                    |

**HOTEL RESERVATIONS**

Reserve by: **WEDNESDAY JANUARY 20, 2010**

**The Newberry Hampton Inn**  
1201 Nance Street  
Newberry, SC 29108

**1-803-276-6666** Hotel Phone &  
Reservations

<http://www.hamptoninn.com/en/hp/hotels/index.jhtml?ctyhocn=NBYSCHX>

Group name: Church Relations Conference (CRC)  
Rate: \$94/single or double plus 11% tax; \$114/suite + 11% tax

**NOTE:** These rates will be good from January 29 to February 7, 2010.

**REGISTRATION FEES**

Registration fees assist with the cost of some of the conference meals and contribute toward programming. If possible, *please include payment with your registration*. If not, the completed registration form may be faxed or emailed with a note that fee will follow. Please make checks payable to **ELCA** with **CRConf 2010** and participant **LAST NAME** noted on the memo line. (Sorry, but we are unable to accept credit cards.) Mail to Kathie Baker, ELCA/VE, 8765 W. Higgins Road, Chicago, IL 60631.

**CHURCH RELATIONS PARTICIPANT FEE**

\_\_\_ Conference **Participant(s)** registration @ \$ 75.00 \$ \_\_\_\_\_  
*Number (Includes conference meals and programming.)*

**NOTE:** Participants are responsible for such expenses as (1) registration fee (2) ground transportation, including rental car or taxi, (3) hotel costs and incidentals, and (4) no-host meals/activities.

**GUEST REGISTRATION FEE**

You are welcome to bring a guest to the conference. Guests are welcome to join us for all meal functions and events. Please see *Logistics* for meal fees. Include payment for your guest when you submit the registration form. Guest payment may be a separate personal check, but still made out as indicated above.

Conference **Guest** fees (add meals from Logistics form) \$ \_\_\_\_\_

**Total Enclosed:** (Conference **participant(s)** plus any **guest fees**) \$ \_\_\_\_\_

**~~~REMEMBER: CONFERENCE REGISTRATION DEADLINE IS FRIDAY, JANUARY 15, 2010~~~**