



Registration Form

February 23-25, 2017 at Carol Joy Holling Conference and Retreat Center, Nebraska

Registration due January 4th

Name:

Institution and role:

Address:

Phone:

E-mail:

Dietary Restrictions and Special Needs:

Registration and Lodging Packages:

___ \$345 Single Room

___ \$285 2 person shared (2 Queen Beds) Roommate: _____

___ \$265 3 person shared (2 Queen Beds and a "Hide A Bed") Roommates: _____

___ \$245 4 person shared (2 Queen Beds) Roommates: _____

___ \$85 Registration (no lodging needed)

Check enclosed for \$_____ OR pay with Credit Card:

MasterCard___ or Visa___

Number_____

Security code___ Exp. Date___

Make checks payable to: Lutheran School of Theology at Chicago

Mail to: Financial Aid Office, Lutheran School of Theology at Chicago, 1100 E 55th St, Chicago, IL 60615

Registration or lodging questions: Contact Kate Fitzkappes at kfitzkappes@lstc.edu or 773-256-0709