

Registration

Indiana District Early Childhood Conference
 June 15, 2019
 Calvary Lutheran School, Indianapolis IN



School Name: _____
 School City/State: _____
 Contact Name: _____
 Contact Email: _____
 Contact Phone: _____

List everyone from attending as they want their name badge to read Registration is \$40/per person Choose a lunch option:	Black Angus Beef Club Sandwich	Grilled Chicken Club	Turkey Club Croissant	The Veggie	Request Gluten Free Bread	No lunch requested

If more space is needed use the back or another sheet.

Number of people registering: _____ x \$40.00 Total Due: \$ _____
 _____ Check enclosed _____ Will send check later _____ Will bring check to conference



Return by June 1 to Amy Mews, Indiana District LCMS, 1145 Barr Street, Fort Wayne IN 46802
 or fax: 260-423-1514 or email: amy.mews@in.lcms.org. Make checks payable to **INDIANA DISTRICT-LCMS**.