



Central States Synod Assembly/ELCA
June 1-4, 2006
Housing and Meal Registration
Bethany College, Lindsborg, Kansas

(Please Print)

Name: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____

Gender: Male Female

Special Needs (medical or dietary): _____

Requested Roommate: _____

Email: _____

*Please complete a form for each conference attendee

Please check desired room and/or meal plan:

Resident arriving on Thursday \$160.00/person \$
(no meals included for Thursday)

Thursday night dinner - \$10.00/person \$
dinner hours are 5:30-6:30pm

Resident Arriving on Friday \$135.00/person \$

Commuter Fee \$70.00/person \$
Includes noon & evening meals on Friday & Saturday only

Banquet on Saturday Evening \$20.00/person \$

Total Due: \$

- * There will be a late registration fee of \$15.00 per participant for all registrations received after May 8, 2006
* Cancellation prior to May 8, 2006 will be refunded less a \$50.00 administrative fee.
* Credit cards will be charged as the registration is received. Receipts will be available at check-in.
* Confirmation will be sent (by email if provided) as soon as the registration is processed.

For housing inquiries, contact Summer Programs at 785/227-3380, ext. 8158 or at sjogrenr@bethanylb.edu

Payment must accompany reservation

Check enclosed (make payable to Bethany College)

Charge to: (circle one) Visa Mastercard Discover**

Card #: / / /

Exp. Date: /

** Discover Card Users: Security #
(the last 3 numbers located on the BACK of the card)

Authorized Signature: _____

Mail to: BETHANY COLLEGE
Office of Summer Programs
421 N. 1st Street
Lindsborg, KS 67456

Please return to Bethany College by May 8, 2006