

# 2016 National Workshop on Christian Unity Registration Form

Galt House Hotel, Louisville, Kentucky

## CEN for Unity (Consortium of Evangelical Networks)

### I will attend:

- The full Workshop** Includes National Workshop registration fee, \$265 (\*\$290 after March 28), and CEN for Unity registration fee of \$25 per person (required). **\$290 / \*\$315**
- The full Workshop (student)** There is no additional CEN for Unity fee for students who attend the Workshop. **\$100**
- One day only** There is no additional CEN for Unity fee for those who attend the Workshop. **\$90**
- Riverboat Dinner/Cruise (optional)** Number of Tickets \_\_\_\_\_ @ \$45 (\*\$50 after March 28) **\$45 / \*\$50**

Network fees are per person and cover network breakfast, information materials and other network expenses. Also, please note that each Network welcomes all to participate in their regular meetings and discussions, but for official Network matters, only appointed Network members can vote.

I am enclosing with this registration form: \$ \_\_\_\_\_

Please mail/make checks payable to **National Workshop for Christian Unity 2015**  
Attn: James Biegler | P.O. Box 8085 | Westchester, IL 60154-8085

### Attendee Information

Please print information as you would like it to appear in the Workshop Booklet.

Please check if you DO NOT wish to be listed in the Workshop Booklet.

Title \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Office phone \_\_\_\_\_ Fax \_\_\_\_\_

Please provide your name and role as you would like it to appear on your name badge: \_\_\_\_\_ Title and name for name badge \_\_\_\_\_

Role/position for name badge: \_\_\_\_\_

Please check if you are:  Female  Male  Laity  Clergy  Student  Under 35  
Are you the Ecumenical/Interreligious Officer / Conference Chair for your jurisdiction?  Yes  No  
If you are not, please list his/her name and email below.

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone (if known) \_\_\_\_\_

### Network/Denomination Information

Diocese/Synod/Conference \_\_\_\_\_ Region \_\_\_\_\_

Church/Congregation/Organization \_\_\_\_\_ City/State \_\_\_\_\_

Do you have any special needs?  Yes  No Please include them on the reverse side of this registration form.

How many Workshops have you attended? \_\_\_\_ Will you be attending the closing brunch on Thursday?  Yes  No

Please indicate below the Seminar you plan to attend for each of the three scheduled seminar sessions:

**Seminar 1**  
Tuesday 10:45—Noon

**Seminar 2**  
Tuesday 2:00—3:15pm

**Seminar 3**  
Wednesday 2:30—3:45pm

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Dialogue to Declaration - Johnson/Wood | <input type="checkbox"/> Dialogue to Declaration - Johnson/Wood | <input type="checkbox"/> Merton & Francis - Pearson            |
| <input type="checkbox"/> Interreligious Prayer - Snorton        | <input type="checkbox"/> Interreligious Prayer - Snorton        | <input type="checkbox"/> Pastoral - Ariarajah/Cook/Kirkpatrick |
| <input type="checkbox"/> Merton & Francis - Pearson             | <input type="checkbox"/> Restoring Hope - Austria               | <input type="checkbox"/> 101: Best Practices - Ryan/Armstrong  |
| <input type="checkbox"/> Restoring Hope - Austria               | <input type="checkbox"/> 101: Best Practices - Ryan/Armstrong   |  |

Finally, please don't forget that you must make hotel reservations—the Galt House Hotel, Louisville— 800-843-4258 asking for the special NWCU rate, or [www.resweb.passkey.com/go/nwcu2016](http://www.resweb.passkey.com/go/nwcu2016)