

2016 National Workshop on Christian Unity Registration Form

Galt House Hotel, Louisville, Kentucky

EDEIO (Episcopal Diocesan Ecumenical and Interreligious Officers)

I will attend:

- | | | |
|--|--|-----------------------|
| <input type="checkbox"/> The full Workshop | Includes National Workshop registration fee, \$265 (*\$290 after March 28), and EDEIO registration fee of \$150 per person (required). | \$415 / *\$440 |
| <input type="checkbox"/> The full Workshop (student) | There is no additional EDEIO fee for students who attend the Workshop. | \$100 |
| <input type="checkbox"/> One day only | There is no additional EDEIO fee for those who attend the Workshop. | \$90 |
| <input type="checkbox"/> 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