2018 National Workshop on Christian Unity Registration Form Sheraton Hilton, Georgia Avenue, Silver Spring, Maryland

EDEIO (Episcopal Diocesan Ecumenical and Interreligious Officers Network)

السمائلة الشراب					
I will attend:	Includes National	Workshop registration fee, \$34	0 (* \$365 after 23 March).	\$490 / * \$515	
The Full Workshop	INE Full Workshop and EDEIO registration fee of \$100		per person (required).		
(First Time Attendee)				\$450 / *\$475	
(Student Registration)	/orkshop There is no additional fee for Students who attend the workshop.			\$100	
One-Day Registration	n There is no additional fee for the those who attend the workshop.			\$100	
		Vorkshop Registration) addition Registrations \$50 (* \$55 after 23	kshop Registration) additional fee for istrations \$50 (* \$55 after 23 March) # of Tickets		
Network fees are per person and cover n	etwork breakfast, informat	tion materials and other network e	xpenses. Also, please note th		
welcomes all to participate in their regu	0		rs, only appointed Network m	embers can vote.	
I am enclosing \$ with this registration form, made payable to : NWCU 2018 mail to : Attn: James Biegler, PO BOX 52, Ellison Bay, WI 54210-0052					
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	Title and name for name badge				
appear on your name badge:	Role/position for name badge				
<i>Please check if you are:</i> Fem Are you the Ecumenical/Inte	ale Male Lait	ty Clergy Student	Under 35 sdiction? Yes No)	
If you are not, please list his/			Please don't forget hot	el reservations	
Name			Ask for the special NWCU rate! Sheraton Hotel, Georgia Ave,		
			Silver Spring, MD ~ 84	44-489-2401 or	
Email		Phone (if known)	visit NWCU.org/Hote	l Reservations	
Network/Denomination Informa	ntion				
Diocese/Synod/Conference			Region		
Church/Congregation/Organization			City/State		
Do you have any special needs?	☐Yes ☐No Pleas	e include them on the revers	se side of this registratio	on form.	
How many Workshops have you			•		
Please indicate below the Semina	ar you plan to attend f	for each of the three schedul	ed seminar sessions:		
Tuesday Offsite Excursion - se 2:45pm-5pm	lect one Wedn	esday Afternoon Seminars 3:15-4:45pm	Thursday Morni 9am-10:3		
Franciscan Monastery of the Holy La Nat'l Museum of African Art Nat'l Museum of African-Americ Nat'l Shrine/Basilica/Immac. Cond	an History	ss of Christians in the Middle East dian Council of Churches ng Racial Conflict ict Resolution	Witness of Christians in Canadian Council of C Healing Racial Conflic	Churches	