

2025 National Workshop on Christian Unity Registration Form

Springhill Suites, Chicago, IL

EPEDA Evangelical and Pentacostal Ecumenism and Dialogue Association (formerly CEN for Unity)

I will attend:

- | | | |
|--|---|----------------------|
| <input type="checkbox"/> The Full Workshop | Includes National Workshop registration fee, \$350 (*\$375 17 August 2025); EPEDA registraton fee is being underwritten in 2025 by Kingdom Mission Society) | \$350 /*\$375 |
| <input type="checkbox"/> The Full Workshop (First Time Attendee) | Includes National Workshop registration fee, \$300 (*\$325 after 17August); EPEDA registraton fee is being underwritten in 2025 by Kingdom Mission Society) | \$300 /*\$350 |
| <input type="checkbox"/> The Full Workshop (Student Registration) | There is no additional fee for Students who attend the workshop. | \$150 |
| <input type="checkbox"/> Seminiarian Registration | There is no additional fee for the those who attend the workshop. | \$150 |

Network fees are per person and cover network breakfast, information materials and other network expenses. Also, please note that each Network wel-comes 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, made payable to : NWCUC 2025
mail to : Attn: James Biegler, PO BOX 2546, Appleton, WI 54912-2546

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.

Please don't forget hotel reservations
Ask for the special NWCUC rate!
Springhill Suites by Marriott
8101 W Higgins Rd, Chicago, IL 60631
visit NWCUC.org/Hotel Reservations

| | |
|-------------|------------------------|
| 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 Dinner on Wednesday ? ☐ Yes ☐ No

Please indicate below the Seminar(s) you plan to attend for each of the scheduled seminar sessions - Select One for each

Wednesday Interest Block One

Wednesday Interest Block Two

- ☐ Option 1
- ☐ Option 2
- ☐ Option 3
- ☐ Option 4

- ☐ Option 1
- ☐ Option 2
- ☐ Option 3
- ☐ Option 4