

2025 National Workshop on Christian Unity Registration Form

Springhill Suites, Chicago, IL

LEIRN (Lutheran Ecumenical and Interreligious Representatives Network)

I will attend:

- | | | |
|--|---|-----------------------|
| <input type="checkbox"/> The Full Workshop | Includes National Workshop registration fee, \$355 (*\$380 after 17 August), and LEIRN registration fee of \$55 per person, (required). | \$355 / *\$380 |
| <input type="checkbox"/> The Full Workshop (First Time Attendee) | Includes National Workshop registration fee, \$330 (*\$275 after 17 August), and LEIRN registration fee of \$55 per person, (required). | \$330 |
| <input type="checkbox"/> The Full Workshop (Student Registration) | There is no additional fee for Students who attend the workshop. Most ELCA Seminar-ians can attend at No Cost. Email Kristen Opalinski, kristen.opalinski@elca.org for info | \$150 |
| <input type="checkbox"/> Seminarian 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 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, 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 you plan to attend for each of the three scheduled seminar sessions:

Wednesday Interest Block One

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

Wednesday Interest Block Two

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