

# 2025 National Workshop on Christian Unity Registration Form

Springhill Suites, Chicago, IL

## Other Ecumenical Partners

### I will attend:

- |  |   |                      |
|--|---|----------------------|
| <input type="checkbox"/> <b>The Full Workshop</b>                            | Includes National Workshop registration fee, \$335 (*\$370 after 17 August), and Other Ecumenical Partners registration fee of \$35 per person, (required). | <b>\$335 /*\$370</b> |
| <input type="checkbox"/> <b>The Full Workshop<br/>(First Time Attendee)</b>  | Includes National Workshop registration fee, \$310 and Other Ecumenical Partners registration fee of \$35 per person, (required).                           | <b>\$310</b>         |
| <input type="checkbox"/> <b>The Full Workshop<br/>(Student Registration)</b> | There is no additional fee for Students who attend the workshop.  | <b>\$150</b>         |
| <input type="checkbox"/> <b>Seminarian Registration</b>                      | There is no additional fee for the those who attend the workshop.   | <b>\$150</b>         |

*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!**

Sheraton Hotel, Georgia Ave,  
Silver Spring, MD ~ 844-489-2401 or  
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

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

#### Wednesday Interest Block Two

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