2026 National Workshop on Christian Unity Registration Form

Springhill Suites, Chicago, IL

UMEIT (United Methodist Ecumenical and Interreligious Training Network)

I will attend:

☐ **The Full Workshop**	Includes National Workshop registration fee, **$350** (***$375** after 26 October), and UMEIT registration fee of **$25** per person.	**$350 /*$375**
☐ **The Full Workshop (First Time Attendee)**	National Workshop registration fee, **$325**,	**$325**
☐ **The Full Workshop (Student Registration)**	There is no additional fee for Students who attend the workshop.	**$150**
☐ **Seminarian Registration**	There is no addtional 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 : NWCU 2026
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.

Name _____

Email _____ *Phone (if known)* _____

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

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 Thursday ? ☐ Yes ☐ No

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