

SYNOD OF ALASKA-NORTHWEST
ANNUAL MEETING OF THE SYNOD & CORPORATION ---REGISTRATION FORM

Meeting Date: **Sunday, July 12 – Wednesday, July 15, 2009**

RETURN TO SYNOD OFFICE NO LATER THAN **MONDAY, JUNE 1, 2009**
 1544 S. Snoqualmie Street Seattle, WA 98108
(206) 448-6403 1(800) 932-4156 synod4aknw@synodnw.org

Please read and complete entire registration form. Return this form whether attending or not.
 Online Registration is available: www.synodnw.org; email, fax, or regular mail. **THANK YOU.**

Contact Information:

NAME _____ Circle
M / F

Street/City/State/Zip _____

Phone(s): H: _____ O: _____ C: _____

Email: _____

Please select one:

- | | |
|---|--|
| <input type="checkbox"/> Commissioner from _____ Presbytery | <input type="checkbox"/> EPs/GPs |
| <input type="checkbox"/> Alternate Commissioner for _____ | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Synod Rep. to the General Assembly Council | <input type="checkbox"/> Observer |
| <input type="checkbox"/> Corresponding member | <input type="checkbox"/> Task Force Member |
| <input type="checkbox"/> Synod Staff | <input type="checkbox"/> Exhibitor: (Describe) _____ |
| <input type="checkbox"/> Guests/Spouse | |
| <input type="checkbox"/> Other _____ (Specify) _____ | |

Attendance Information: **Synod Meeting (Only)** **Synod Meeting & WIM**

- I am unable to attend
- I will attend but will commute, and require the following meals
- I will attend and need the following overnight accommodations and meals

Housing:

(Please check): Whitworth University Campus (Dormitory Residential Halls)
 Other Lodging: _____
(Facility Name) Dates Reserved

Meals: (Please check all that apply):

	WIM				
	POST SYNOD MEETING				
Sun., July 12	Mon., July 13	Tues., July 14	Wed., July 15	Thurs., July 16	Fri., July 17
<input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast
<input type="checkbox"/> Dinner	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch
	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner	

Please specify additional housing/dietary needs/requests:

(Over)

Childcare Needed: Specify dates & times Needed _____

:
TRAVEL INFORMATION – Please Check: Airline Train Ferry Auto

Arrival date/time: _____ Departure date/time: _____

Airline/Flight or Reservation # _____ Airline/Flight or Reservation # _____

Ground Transportation Needed to/from Whitworth: (Check all that apply)

Yes No