



REGISTRATION FORM ANNUAL VICARAGE SUPERVISORS CONFERENCE SEPT. 19 - 20, 2024

Title: [] Rev. [] Prof. [] Dr. [] Mr. [] other _____

Name _____

Address _____

City _____ State _____ ZIP _____

Office Phone _____ Email _____

Cell Phone _____

ACCOMMODATIONS AND MEALS

Please check the appropriate accommodations and meal(s) information:

- I will stay on campus (shared occupancy) at \$40/person My roommate preference is _____
I will stay on campus (single occupancy) at \$50/night
My spouse and I will stay on campus (married occupancy) at \$50/night
I will make my own lodging arrangements

ON-CAMPUS HOUSING

Check-in time 3 p.m. to 11 p.m. at the Welcome Center. Checkout time by 11 a.m.

Table with columns: Please check the nights you will need a room: (Wednesday, Thursday, Friday), Single/Married Occupancy (\$50), Shared Occupancy (\$40), and Lodging subtotal.

\$75 Registration fee (includes continental breakfasts Thursday and Friday and lunch Thursday) [] \$75 = \$ _____

I would like to purchase additional lunch and/or dinner meal ticket(s).

[] Lunch ticket(s): _____ [] @ \$14.50 ea. = \$ _____
[] Dinner ticket(s): _____ [] @ \$14.50 ea. = \$ _____
Optional meal ticket subtotal = \$ _____

Please make checks payable to CONCORDIA SEMINARY and return this form and your check as soon as possible to:

Karen Sartorius
Concordia Seminary
801 Seminary Place
St. Louis, MO 63105
314-505-7210

