



**2010 Women of Faith Conference**  
Thursday, October 21—Saturday, October 23  
San Antonio, Texas  
**(Register by January 31)**

We know it's early but we are already planning a fantastic three day event just for you! As a group we will leave GSLC on a Deluxe Chartered Bus, stay two nights at a beautiful hotel on the Riverwalk and enjoy a life changing—faith building—friendship making women's conference.

To ensure reduced pricing, your registration form and **non-refundable deposit of \$75.00** must be received in the Finance Office by January 31. The full cost of the 3-day event is \$250, which is less than \$25 per month after the deposit is paid. The costs include:

- Tickets to the conference and concert,
- Hotel accommodations (based on 4-person occupancy)
- Transportation to and from San Antonio, and between the hotel and conference center
- All meals on Friday,
- Breakfast and lunch on Saturday.

We will depart at 3pm on Thursday 10/21 and return by 7pm on Saturday 10/23. **Space is limited so sign up now!**

An account in your name will be set up once your registration and deposit are received. You may make payments for trip costs with the final payment due to the GSLC Finance Office no later than 12pm Sunday, September 12, 2010. Contact the GSLC Finance Office for more information.

Questions? Contact: Barbara Bucher ([barbarabucher@gslc.cc](mailto:barbarabucher@gslc.cc)) or Ann Block ([annblock@gslc.cc](mailto:annblock@gslc.cc)) at 258-6227

Please complete, detach and return the registration form with your deposit no later than January 31, 2010.

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### Registration Form

#### **Registrant Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Accommodation Information:** Registration fee of \$250 is based on 4-person occupancy. Additional charges will apply if less than stated occupancy rate is requested. We will make every effort to honor room requests. You may wish to coordinate rooming requests with your preferences prior to registration.

Room Requests: If possible, I would like to share a room with the following registered attendees:

- | <u>First Name:</u> | <u>Last Name:</u> | <u>Cell Phone:</u> |
|--------------------|-------------------|--------------------|
| 1. _____           | _____             | _____              |
| 2. _____           | _____             | _____              |
| 3. _____           | _____             | _____              |

Please complete the Emergency Contact Information on the opposite side.

**Emergency Contact Information**

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

**Please provide any additional medical information that may be helpful in the event of an emergency (i.e. medical conditions or drug allergies):**

\_\_\_\_\_  
\_\_\_\_\_

I have voluntarily provided the above contact information and authorize Good Shepherd Lutheran Church and its representatives to contact any of the above on my behalf in the event of an emergency.

I choose not to furnish any emergency contact information to Good Shepherd Lutheran Church at this time.

Signature \_\_\_\_\_ Date \_\_\_\_\_