

60th Regular Convention  
LCMS - Northern Illinois District  
March 11-12, 2022  
Concordia University Chicago  
River Forest, Illinois

Due with  
Advisory Delegate  
Registration form

## PART 2

# Advisory Delegate & Non-voting Attendee Convention Payment Form *(submit one form for each attendee)*

Name \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Congregation/City \_\_\_\_\_

Convention Classification:

\_\_\_\_\_ Advisory Pastor

\_\_\_\_\_ Advisory Lay

\_\_\_\_\_ Advisory Commissioned

\_\_\_\_\_ Lay Alternate

\_\_\_\_\_ Spouse

\_\_\_\_\_ Vicar / Intern / Guest / Other

Meals:

Meals will be: Friday and Saturday – continental breakfast / lunch

They will be available on site at Concordia University Chicago for Convention delegates and guests. The package will include 2 continental breakfasts, 2 lunches and all breaks.

All other convention attendees excluding Voting delegates :

Non-voting convention attendees have the **OPTION** to purchase the convenient meal package below, or they may choose to provide their own meals in area restaurants.

Option 1: Non-Voting attendee entrance fees and break package (mandatory) \$10.00

Option 2: Non-Voting attendee, entrance fees, break, and meal (optional) \$40.00

***Total \$40 includes mandatory entrance fees, mandatory breaks & optional meals***

\*\*\*Please note if you have any strict dietary restrictions:

Other Accommodations:

Please check here if you require Deaf signing accommodation during the convention sessions. If we do not have advance notice of this request we may not be able to assure this service. If we are aware of this in advance, we can also provide reserved seating.

Payment options:

pay online; go to the convention page at [www.nidlcms.org](http://www.nidlcms.org),  
use the [credit card payment form](#) and send it in with the convention payment form  
send check payable to LCMS Northern Illinois District, with the convention payment form

LCMS Northern Illinois District  
2301 South Wolf Road  
Hillside, IL 60162-2298

**Payment Questions?**

Email [lori.trinche@nidlcms.org](mailto:lori.trinche@nidlcms.org), or call the NID Business Office at 1-708-449-3020

**Return form (with payment) upon receipt**

# CREDIT CARD PAYMENT FORM

Complete below to make your payment using your credit or debit card.

Card type:  Visa  Discover  Master Card

Today's date: \_

Amount: \$ \_\_\_\_\_

Congregation Name, City \_\_\_\_\_

Name on Card (print) \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Month/Year \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

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

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

Phone to use if we have questions about this form \_\_\_\_\_