

A Congress on the Lutheran Confessions
CONFERENCE & BANQUET REGISTRATION
May 4 - 6, 2011

___ Rev. ___ Dr. ___ Mr. ___ Mrs. ___ Miss ___ Other _____

Please print clearly

Name(s): _____

Address: _____

City / State / Zip Code: _____

Phone: (_____) _____ Amount encl.: \$ _____

E-mail Address: _____

Registration Fee: See below. (*See note regarding fee discount under "About the Congress.")
(No registration fee for full-time Lutheran college / seminary students.)

Thursday Evening Banquet: \$30.00

ACL MEMBER (current; membership dues paid)

___ I will attend **only** the Conference: \$65.00.

___ I will attend the Conference **and** Banquet: \$95.00

___ **My spouse and I** will attend **only** the Conference: \$115.00.

___ **My spouse and I** will attend the Conference **and** Banquet: \$175.00

NON-ACL MEMBER

___ I will attend **only** the Conference: \$75.00.

___ I will attend the Conference **and** Banquet: \$105.00

___ **My spouse and I** will attend **only** the Conference: \$130.00.

___ **My spouse and I** will attend the Conference **and** Banquet: \$190.00

___ I am a full-time student at a Lutheran college / seminary.

Name/Location of school: _____

___ I will attend the Conference: no registration fee.

___ My spouse and I will attend the Conference.

___ I will attend the Banquet: \$30.00.

___ My spouse and I will attend the Banquet: \$60.00.

***Please mail this completed form along with your payment to:
The ACL, PO Box 43895, Minneapolis, MN 55443-0895.***

Make checks payable to: The ACL.