

**Northwestern Pennsylvania Synod  
Convocation - Registration  
October 12-13, 2011**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ ZIPCODE \_\_\_\_\_

ROOMMATE PREFERENCES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ *Please check here if you have dietary restrictions!*

**THE PROGRAM FEE OF \$50.00 MUST BE PAID BY EVERYONE ATTENDING CONVOCATION!**

**FULL-TIME REGISTRATION** (program fee, overnight accommodations, and four meals)

<b>PROGRAM FEE</b> .....	<b>\$ 50.00</b>
Check One: .....	_____ single room (per person) \$ 115.00
.....	_____ double room (per person) \$ 90.00
.....	_____ triple room (per person) \$ 85.00
.....	_____ quad room (per person) \$ 75.00
	TOTAL _____

**COMMUTER REGISTRATION** (program fee, plus meals as indicated, no room)

<b>PROGRAM FEE</b> .....	<b>\$ 50.00</b>
Check One: . _____ All Meals (Breakfast, 2 Lunches, Dinner	\$50.00 _____ Wednesday, Lunch \$ 11.00
..... _____ All Meals except Breakfast	\$42.00 _____ Wednesday, Dinner \$ 20.00
.....	_____ Thursday, Breakfast \$ 8.00
.....	_____ Thursday, Lunch \$ 11.00
.....	TOTAL _____

Mail all registrations to: **The Riverside Inn  
One Fountain Avenue  
Cambridge Springs, PA 16403  
814-398-4645**

Please write **“SYNOD CONVOCATION”** on the outside of the envelope.

Make checks payable to: **“The Riverside Inn”**

**REGISTRATION DEADLINE IS OCTOBER 7!**