



2019 LCA CONFERENCE REGISTRATION FORM

Don Hall's Guest House · 1313 West Washington Center Road · Fort Wayne, IN 46825
260-489-2524 · www.donhallsguesthouse.com

I will attend the meeting:

Printed Name

Address

Phone Number

Email Address

LCMS District

Lunch Preference: Swiss Steak Chicken *[Please indicate any special dietary requirements on this registration form.]*

Annual membership fee (\$35) enclosed: _____

Paid LCA Member Conference
Registration Fee (\$70 if form is post-marked
by Dec 14, 2018; \$75 thereafter) enclosed: _____

Paid LCA Member Conference Fee
(\$80 if form is post-marked by Dec 14, 2018;
\$85 thereafter) enclosed: _____

Half day (AM or PM) registration is half the
rate above. Lunch provided for \$10 if
registration form is post-marked by Dec 14, 2018. _____

Seminary students and personnel will have the
registration fee waived. Lunch provided for \$10 if
registration form is post-marked by Dec. 14, 2018. _____

I will pay at the door. (Mark here.) _____

Total Enclosed: _____

Make check payable to **LUTHERAN CONCERNS ASSOCIATION**. Please detach this registration form and send to
Lutheran Concerns Association · 149 Glenview Drive · New Kensington, PA 15068-4921