



**NC Synodical Women's Organization Annual Gathering**

**Lenoir Rhyne University Hickory, NC June 12-14, 2020**

**Early Bird (Postmarked before April 15, 2020) or Regular Registration (May 20, 2020)**

Voting Member \_\_\_\_\_ Non-voting Member \_\_\_\_\_ **First Time Attendee** \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

City and Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Congregation and City \_\_\_\_\_ Conference \_\_\_\_\_

Email \_\_\_\_\_ Disabilities \_\_\_\_\_

Childcare needed for children 2-10 years \_\_\_\_\_ Number of Children \_\_\_\_\_ Age(s) \_\_\_\_\_ **No Walk-ins for Childcare**

Only the Living Learning Center will be available for housing this year. Children in childcare, middle and high schoolers will stay with their mothers/guardians and have their meals with them. Roommate \_\_\_\_\_

**IT IS IMPERATIVE THAT ALL VOTING MEMBERS ARRIVE ON FRIDAY, JUNE 12.**

Dietary Restrictions/Allergies \_\_\_\_\_ Gluten \_\_\_\_\_ Vegetarian \_\_\_\_\_ I will sing in the choir \_\_\_\_\_

If you would like to receive a printed copy of the 2020 Gathering Planning Report (GPR), **add \$10** to your registration.

Otherwise, you will need to print your GPR when available on [www.ncwelca.org](http://www.ncwelca.org) website

	<b>EARLY BIRD</b>	<b>REGULAR</b>
Entire Weekend (registration, meals, lodging)	\$ 160.00 _____	\$ 175.00 _____
Saturday only (registration, all day)	65.50 _____	75.50 _____
Commuter (registration and meals)	98.00 _____	108.00 _____
T-shirt: S ___ M ___ L ___ XL _____	10.00 _____	10.00 _____
Printed, paper copy of GPR	10.00 _____	10.00 _____
	TOTAL _____	TOTAL _____

- Checks must be included. Make checks payable to NC Women of the ELCA.
- Media: By registering, I agree that photographs of me may be used in promotion/publications by the NC Synodical Women's Organization (SWO). If not, it is my responsibility to inform the photographer.
- Refunds will be made for extenuating circumstances; with a non-refundable fee of \$20.00. Refund requests must be made in writing or email to the SWO Treasurer and with approval by the SWO Board, by July 8, 2020.
- I will complete my emergency contact and medical information.

Mail registration form to: Susan Harris, P. O. Box72, Newton, NC 28658, [sepharris2019@gmail.com](mailto:sepharris2019@gmail.com)

**DO NOT WRITE IN THIS SPACE**

AMOUNT RECEIVED \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_