

**NEW VISIONS: LEADERSHIP FOR MISSION
A TRAINING PROGRAM FOR CONGREGATIONAL LEADERS**

Title _____ First Name _____

Last Name _____

Preferred Name for Name Tag _____

Preferred Mailing Address _____

City _____ State _____ Zip Code _____

Preferred Telephone Number for Contact (_____) _____

Email Address _____

Name of Church _____ City _____

Denomination _____

Dietary Restrictions _____ Suggested Menu Items _____

Special Needs _____

Registration Cost is: \$150.00 per person for the first 20 individuals or \$200.00 after 20
\$225.00 per pair for the first 10 pairs or \$275.00 after 10 pairs

It is payable by check or credit card.

____ I have enclosed a check payable to The Virginia Synod, ELCA

____ I want to pay by credit card. (Master Card or Visa only)

Name (as it appears on card): _____

Billing Address: _____ City _____ State _____ Zip _____

Card Number _____ Expiration Date _____

In order to reserve your meals and materials **we must have this registration form by March 12** sent to Lenae Osmondson, 520 W 21st Street, Suit J, Norfolk, VA 23517 or synodeast@vasynod.org. If you have any questions you can call Lenae at 757.622.9421 or Mindy Reynolds at 540-942-4330.