

*Registration Form*  
2010 Fall Theological Conference  
Mount Carmel Ministries and  
Luther Crest Bible Camp  
Sept. 26-29

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (O): \_\_\_\_\_ (H) \_\_\_\_\_

(cell) \_\_\_\_\_

Email: \_\_\_\_\_

Congregation / Agency: \_\_\_\_\_

Town: \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

**Please indicate your enclosed registration fee**

(Housing reservation separate from this)

\_\_\_\_\_ \$125 regular registration fee

\_\_\_\_\_ \$ 75 reduced registration fee

*(For grads awaiting first call, interns, on-leave-from-call,  
and retired pastors not serving in an interim position)*

Make check payable to **SW MN Synod** and mail with registration form  
and fee **by Sept. 6** to:

SW MN Synod, Attn: FTC, PO Box 499, Redwood Falls MN 56283.

\*\*\*\*\*

For office use only:

Date received: \_\_\_\_\_ Amount pd: \_\_\_\_\_

Paid by: \_\_\_\_\_

*Registration Form*  
2010 Fall Theological Conference  
Mount Carmel Ministries and  
Luther Crest Bible Camp  
Sept. 26-29

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (O): \_\_\_\_\_ (H) \_\_\_\_\_

(cell) \_\_\_\_\_

Email: \_\_\_\_\_

Congregation / Agency: \_\_\_\_\_

Town: \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

**Please indicate your enclosed registration fee**

(Housing reservation separate from this)

\_\_\_\_\_ \$125 regular registration fee

\_\_\_\_\_ \$ 75 reduced registration fee

*(For grads awaiting first call, interns, on-leave-from-call,  
and retired pastors not serving in an interim position)*

Make check payable to **SW MN Synod** and mail with registration form  
and fee **by Sept. 6** to:

SW MN Synod, Attn: FTC, PO Box 499, Redwood Falls MN 56283.

\*\*\*\*\*

For office use only:

Date received: \_\_\_\_\_ Amount Pd: \_\_\_\_\_

Paid by: \_\_\_\_\_