

2010 SYNOD ASSEMBLY WORKSHOP/PRESENTATION REGISTRATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

I plan to attend the following workshops:

- \_\_\_\_ **Friday, April 23 at 1:00 PM**
- \_\_\_\_ **Friday, April 23 at 2:30 PM**
- \_\_\_\_ **Saturday, April 24 at 11:00 AM**
- \_\_\_\_ **Saturday, April 24 at 4:30 PM**

I plan to attend the following presentations:

- \_\_\_\_ **Friday, April 23 at 7:30 PM**
- \_\_\_\_ **Saturday, April 25 at 8:30 AM**

Please send form and \$10 to:  
Eastern Washington-Idaho Synod, ELCA  
314 South Spruce Street, Suite A  
Spokane, WA 99201

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