

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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