

Festival of HOMILETICS

May 21-25 | Washington, D.C.

Name _____
(Please print your name as you would like it to appear on your name tag.)

Mailing Address _____
Street Address

City State Zip

Phone Number _____

Email Address (required) _____
(To receive event confirmation and event updates)

With which denomination are you affiliated? _____

What seminary did you/do you attend? _____
(To share with home seminary to allow them to plan gatherings/alumni reunions at the Festival)

Full registration received by Feb. 16, 2018

- \$280
- \$260 per person for two or more registering together.
(Must be received and paid at the same time)

Full registration received Feb. 17, 2018 and after

- \$300
- \$280 per person for two or more registering together.
(Must be received and paid at the same time)

Full-Time Seminary Students

We offer a discounted rate to seminary students currently enrolled in a full-time degree program.

Please enter your current seminary and degree program to qualify for this student discount. _____

- \$140 for Full Registration received by Feb. 16, 2018
- \$150 for Full Registration received Feb. 17, 2018 or after

Lunch Option

- If you have limited mobility, a boxed lunch option is available.
- Space is limited, please reserve for those in need of an on-site option
- Lunch option must be selected at time of registration and will not be available for purchase on site

- | | | | |
|---|-------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> \$15—Lunch box Tuesday | Preference: | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Gluten-free |
| <input type="checkbox"/> \$15—Lunch box Wednesday | Preference: | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Gluten-free |
| <input type="checkbox"/> \$15—Lunch box Thursday | Preference: | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Gluten-free |

Total Enclosed _____

The cost of registration includes a non-refundable processing fee of \$50.

Payment Method

- Check enclosed payable to **Festival of Homiletics**
- Credit Card—Provide 16 digit account number and expiration date below

Charge to: Mastercard Visa

Card # _____ Expiration _____/_____/_____
Mo. Yr. CVV _____ Billing Zip Code _____

Signature _____

I have additional needs for this conference.

Please tell of us of any additional physical needs you may have for this conference by writing them on the back of this form or emailing festival@luthersem.edu. Please be as specific as possible. A member of our staff may contact you for more information.

**Mail this form
and payment to:**

**Festival of Homiletics
2481 Como Avenue
St. Paul, MN 55108**