



# Building an Inclusive Church

## REGISTRATION FORM

Training you wish to attend

(Date and Location): \_\_\_\_\_

**NAME:** \_\_\_\_\_  
Title First name Last name

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE/PROVINCE:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ Cell Home Office (circle one) **EMAIL:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_  
Name Phone

**HOME CONGREGATION:** \_\_\_\_\_  
Name City, State/Province

**DENOMINATION:** \_\_\_\_\_ **WELCOMING CONGREGATION?** \_\_\_\_\_

**NAME TO APPEAR ON NAMETAG:** \_\_\_\_\_

### Special Needs

Vegetarian  Other dietary needs: \_\_\_\_\_

Other considerations (accessibility, allergies, etc., please specify): \_\_\_\_\_

### Lodging Needs

I request hosted housing (not guaranteed)  I will commute or make hotel reservations

### Payment Information

Registration Fee (\$85.00) \$ \_\_\_\_\_  Donation for Scholarships \$ \_\_\_\_\_ **TOTAL DUE:** \$ \_\_\_\_\_

### Registration Instructions

Make check or money order payable in US funds to: National Gay and Lesbian Task Force

And send to:

National Gay and Lesbian Task Force  
122 West Franklin Avenue, Suite 210  
Minneapolis, Minnesota 55404

*See website for registration and cancellation deadlines. Cancellation fee: \$25. No refunds after cancellation deadlines.*

**If you have questions, please contact:**

David Lohman • 612.821.4397 • David@WelcomingResources.org

**FOR OFFICE USE ONLY** Postmark date: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Contact ID#: \_\_\_\_\_