

NEBRASKA DISTRICT AUGUST TEACHERS' RETREAT

**Concordia University
800 N Columbia Ave
Seward NE 68434
Tuesday, August 9, 2005**

REGISTRATION FORM

School _____ City _____

Principal's/Director's Name _____

Please Register the following teachers for the retreat:

- | | |
|----------|-----------|
| 1) _____ | 7) _____ |
| 2) _____ | 8) _____ |
| 3) _____ | 9) _____ |
| 4) _____ | 10) _____ |
| 5) _____ | 11) _____ |
| 6) _____ | 12) _____ |

Please use the back of this registration form if additional space is needed and continue numbering before names.

The Nebraska District is pleased to be able to offer online registration for the first time for this event. The online registration form may be accessed through the Nebraska District website at www.ndlcms.org or by going to https://www.sporg.com/registration?link_type=reg_info&form_id=28410.

Enclose **one** check for your school. The registration fee to cover program costs, publicity, breaks and lunch is **\$18.50** per person. In order to guarantee accurate meal counts to the University, the registration deadline is **August 3, 2005**.

of Participants **\$18.50** x \$ = _____ (Amount Enclosed)

The check should be made payable to and sent to:
Nebraska District LCMS
PO Box 407
Seward NE 68434-0407

Registrations received after August 5 cannot be guaranteed meals and program materials. Please be a good steward of your school's funds and District time and materials by registering before the deadline!

No refunds will be given after August 5, since reservations for meals and print materials will have been finalized. Requests for refunds prior to August 5 must be submitted in writing.

Office Use Only
Date Rec'd _____
Postmark _____
Amt. Rec'd _____