

**Please register our group for the
Glocal Mission Gathering:**

Billings, Montana, August 6-7, 2010
King of Glory Lutheran Church
4125 Grand Avenue
Billings, MT 59106



Name _____

Address _____

City, state, zip _____

e-mail _____

phone _____

Name _____

Address _____

City, state, zip _____

e-mail _____

phone _____

Name _____

Address _____

City, state, zip _____

e-mail _____

phone _____

Name _____

Address _____

City, state, zip _____

e-mail _____

phone _____

If you would like to register more participants, attach a list of names and other information as shown above.

FLIP OVER TO COMPLETE REGISTRATION

Our congregation's name

Our congregation's location

Our congregation's e-mail

Total # of participants from our congregation _____
Which workshop would participants like to attend? List one name per workshop.

New and renewing congregations

Name _____

Mission 101

Name _____

Cross-Generational Engagement

Name _____

Short-term Mission

Name _____

Preaching, Worship, and Mission

Name _____

Stewardship

Name _____

Social action

Name _____

Amount due for your group: _____ (\$35 x # of people)

Payment by:

1. Check

Check number _____

2. Credit card

Circle credit card provider

American Express Discover MasterCard Visa

Cardholder name _____

Cardholder signature _____

Card number _____

Expiration date _____



**Evangelical Lutheran
Church in America**

God's work. Our hands.