



REGISTRATION

Name: _____

Organization: _____

Home Address: _____

City: _____ Zip: _____

State Senator Dist. #: _____ State Rep. Dist. #: _____

Telephone: _____

E-mail: _____

Congregation or other affiliation: _____

ELCA LCMS Other: _____

Special accommodations required:

Names of guests you will be bringing:

If you have questions, please contact Stephen Taylor at 847/635-4653.

SCHEDULE OF EVENTS

Daytime Activities including the following:

9:30-10:00 a.m.	Registration and fellowship time at St. John's Lutheran Church, 2477 W. Washington St., Springfield
10:00-10:15 a.m.	Opening, welcome and devotions
10:15 a.m.	Transportation to the Capitol
11:00 a.m.	Lutheran Day reception honoring the Paul Simon Award recipient and Lutheran Day prayer service
11:30 a.m.-12:15 p.m.	Participants join other members of the "Responsible Budget Coalition" for a "Rally for Human Care"
12:15-1:00 p.m.	Return to St. John's
1:00-1:30 p.m.	Lunch
1:30-3:30 p.m.	Share Fair and follow-up mobilization
3:45 p.m.	Closing

I will participate in the following on Lutheran Day, April 21, 2010:

\$25.00 — Regular registration (Includes daytime activities and lunch.)

_____ attending x \$25.00 Total: \$ _____

\$10.00 — Low Income Registration (This registration category is intended for persons for whom the \$25.00 full registration fee would be a significant hardship. No documentation or proof is necessary.)

_____ attending x \$10.00 Total: \$ _____

TOTAL enclosed: \$ _____

PAYMENT OPTIONS:

Check (made payable to Lutheran Day, please send to the mailing address listed below)

Credit card (select type)

MasterCard VISA Discover AmEx

Name on Credit Card: _____

Credit Card Number: _____

Zip Code of Billing Address: _____ Exp. Date: _____

Signature: _____

MAILING ADDRESS:

Stephen Taylor, Lutheran Social Services of Illinois
1001 East Touhy Avenue, Suite 50
Des Plaines, IL 60018-5816

If paying via credit card, you may fax this form to Stephen Taylor at 847/635-6764.