

Registration Form

Southeastern District Lutheran Administrators Conference
Virginia Beach Resort and Conference Center
February 21-22, 2008

Name: _____

Phone: _____ email: _____

School: _____

Address: _____

Registration Fee - \$100 .00 per person

Please enclose a check payable to the Southeastern District, LCMS or pay with a credit card

Amount enclosed (or charged to credit card) \$ _____

CREDIT CARD INFORMATION

_____ MasterCard ___ VISA ___ AmEx ___ Discover
____ Personal Credit Card OR ___ Church or School Credit Card Amount \$ _____
Card # _____ Expiration Date _____

Cardholder's signature and billing address

Lodging for Wednesday night is \$89 per room; please make reservations by contacting the hotel. **Reserve your room no later than January 30.**

Virginia Beach Resort Hotel & Conference Center
2800 Shore Drive, Virginia Beach, VA 23451
757-481-9000 (800-468-2722)

(indicate that you are with the Southeastern District Lutheran Church or Principals Meeting)

Please mail or fax form to:

Southeastern District, LCMS
Attn: Registrations for SEDLAC
6315 Grovedale Drive
Alexandria, VA 22310-2501
phone: 800.637.5723 fax: 703.922.6047

For SED Office Use:

Check # _____ Amt \$ _____

Name _____
SEDLAC # 41730-061