

North Wisconsin District (LCMS) 2018 Fall Pastors' Conference
Exhibitor Registration Form

Name of Organization/Ministry: _____

Address: _____

Name of Contact: _____

Best Phone Number for Contact: _____

Best Email for Contact: _____

My organization/ministry would like to participate at the Conference in the following way (choose one):

_____ Sponsor the Tuesday Night Banquet (**\$1000 – two available**, which includes the opportunity to share your mission with those in attendance and a display table in the Conference Exhibitor Room)

_____ Sponsor the Monday Night Fellowship Gathering (**\$1000**, which includes the opportunity to share your mission with those in attendance and a display table in the Conference Exhibitor Room)

_____ Sponsor a Breakfast or Lunch (**\$750 – three available**, which includes the opportunity to share your mission with those in attendance and a display table in the Conference Exhibitor Room)

_____ Sponsor a Snack Break (**\$300 – three available**, which includes the opportunity to share your mission with those in attendance and a display table in the Conference Exhibitor Room)

_____ Provide a display table in the Conference Exhibitor Room (**\$75**)

Would you like access to electrical for your display?

_____ Yes

_____ No

Total Payment: _____

Return the enclosed form by September 14 with a check made payable to **“North Wisconsin District Pastors Conference”** to:

NWD Fall Pastors Conference
c/o St. John Lutheran Church
910 S St Augustine St
Pulaski, WI 54162