

Registration Information

Register online at www.symposium.wheatridge.org or fax registration form to 630.766.9622

3 Ways to Register

1. Online at www.symposium.wheatridge.org. Submit your completed registration form with credit card information.
2. Fax your completed registration with credit card information no later than September 26, 2008 to 630.766.9066.
3. Mail completed registration with credit card information or a check payable to "Wheat Ridge Ministries Symposium," One Pierce Place, Suite 250E, Itasca, IL 60143 by September 15, 2008 to ensure timely receipt.

Registration Fees

Fee Per Person	Registration Date
\$325	Before July 1, 2008
\$355	Before September 1, 2008
\$385	After September 1, 2008

Group Registration

Three or more people from the same organization may register at a group rate of \$300 per person before July 1, 2008. See below for rates after July 1. For fax and mail-in registrations, each individual group member must have a completed registration form. Make photocopies of the original form as necessary. Mail all registrations for group members in the same envelope or fax all registrations at the same time for the discounted rate. If registering online, please register each person in the group separately.

Group Fee Per Person	Registration Date
\$300	Before July 1, 2008
\$330	Before September 1, 2008
\$360	After September 1, 2008

Meals

Registration for the Symposium includes specified meals and receptions. Unregistered guests may join Symposium attendees for the following meals at an additional cost: Friday lunch—\$20, Friday banquet—\$50 (Payable with registration).

Day Rate

Perfect for staff members of local agencies, congregations and universities! Thursday Only Registration (\$75 per person) includes the opening plenary session and evening reception. Friday Only Registration (\$175) includes morning

plenary session, three sectional sessions, lunch and evening banquet. Saturday Only Registration (\$75) includes one sectional session and the closing plenary session.

Cancellations

Cancellations made by September 1 will receive a refund less a \$30 processing fee. Cancellations made between September 1 and September 15 will receive a refund less an \$80 processing fee. No refunds will be given after September 15, 2008.

Hotel Accommodations

Hyatt Regency Milwaukee
333 West Kilbourn Avenue
Milwaukee, WI 53203
414.276.1234
www.milwaukee.hyatt.com

Registrants must make their own hotel reservations directly with the Hyatt Reservation Center either online at <http://milwaukee.hyatt.com/groupbooking/iwrm> or by phone at 414.276.1234 (mention Wheat Ridge Ministries' National Symposium on Health and Hope). Make your reservation by September 8, 2008 for the Symposium room rate of \$119.

Parking

The Hyatt Regency Milwaukee is pleased to offer all Symposium attendees (both those staying at the hotel and those commuting) a Valet Parking rate of \$13 per day with unlimited in and out privileges. Guests may also Self-Park in the hotel's parking facility for \$16 per day with unlimited in and out privileges.

Airport Transportation

Taxi service is available curbside at the airport to the Hyatt Regency Milwaukee (estimated taxi fare is \$20 one way). Shuttle service is also available through Airport Connection. Cost is \$12 per person each way or \$22 roundtrip. To make a reservation, please call 800.236.5450 or visit www.mkelimo.com.

Photography

A photographer will be on site to capture images throughout the Symposium. Registration for the Symposium implies consent to be photographed and permission for photos to be used by Wheat Ridge Ministries in print and website materials. Thank you.

Dress

Dress for the Symposium is business casual. It is recommended that you bring a sweater or wear layers during the Symposium sessions since the temperature in meeting rooms can vary throughout the day.

Registration Information/Mail-in Form

Register online at www.symposium.wheatridge.org or fax registration form to 630.766.9622

1 Attendee Information

(One form per attendee—please make copies if necessary.)

Please type or print clearly

Circle: Mr. | Mrs. | Ms. | Dr. | Rev.

Name (As you wish it to appear on your name tag)

Name of Organization

Indicate Title/Role:

- Clergy Professional Church Worker (Other)
 Parish Nurse Physician Health Professional (Other)
 Lay Leader Social Service Agency Employee Health and Human Care Agency Employee Judiciary Leader Teacher Other

(please indicate)

Address

City State Zip

Email Address

Phone

Fax

Emergency Contact (Name and Phone number)

Special accessibility/dietary needs

2 Sectional Choices

Please indicate which sectionals you plan to attend. Indicate your first and second choices in EACH SESSION with a 1 and a 2.

Sectional—Session A (Friday, October 3, 10:30 AM–11:45 AM)

A1___ A2___ A3___ A4___ A5___ A6___ A7___
A8___ A9___ A10___

Sectional—Session B (Friday, October 3, 1:30 PM–2:45 PM)

B1___ B2___ B3___ B4___ B5___ B6___ B7___
B8___ B9___ B10___

Sectional—Session C (Friday, October 3, 3:00 PM–4:15 PM)

C1___ C2___ C3___ C4___ C5___ C6___ C7___
C8___ C9___ C10___

Sectional—Session D (Saturday, October 4, 8:00 AM–9:15 AM)

D1___ D2___ D3___ D4___ D5___ D6___ D7___
D8___ D9___ D10___

3 Payment Summary

Symposium Registration Fee

\$325 Early Bird Registration by July 1
\$300 Early Bird Group Registration by July 1

\$355 Registration by September 1
\$330 Group Registration by September 1

\$385 Late Registration After September 1
\$360 Group Registration After September 1

- Thrivent Scholarship!** Please check here if you are a Thrivent Financial for Lutherans benefit member and receive a \$50 discount on your full registration.

One Day Only Registration (please circle)

\$75 One Day Only— Thursday Saturday

\$175 One Day Only— Friday

Meals for Unregistered Guests (if applicable)

\$20 Friday lunch

\$50 Friday banquet

TOTAL \$ _____

NOTE: Parish Nurse Discount! This opportunity is only available through online registration and is limited to the first 50 parish nurses to register for the full Symposium by May 1, 2008.

4 Payment Summary

Full payment must accompany registration form. Faxed and online registration must include credit card information. Make checks payable to Wheat Ridge Ministries Symposium.

Method of Payment

- Check Credit Card: Mastercard American Express
 Visa

Credit Card # _____

Exp. Date _____

Security Code _____

Cardholder's Name (Please print name as on card) _____

Signature (For faxed or mailed registration) _____

Date _____

5 Mail Registration Form and Payment to:

Wheat Ridge Ministries
National Symposium on Health and Hope
One Pierce Place • Suite 250E • Itasca, IL 60143-2634