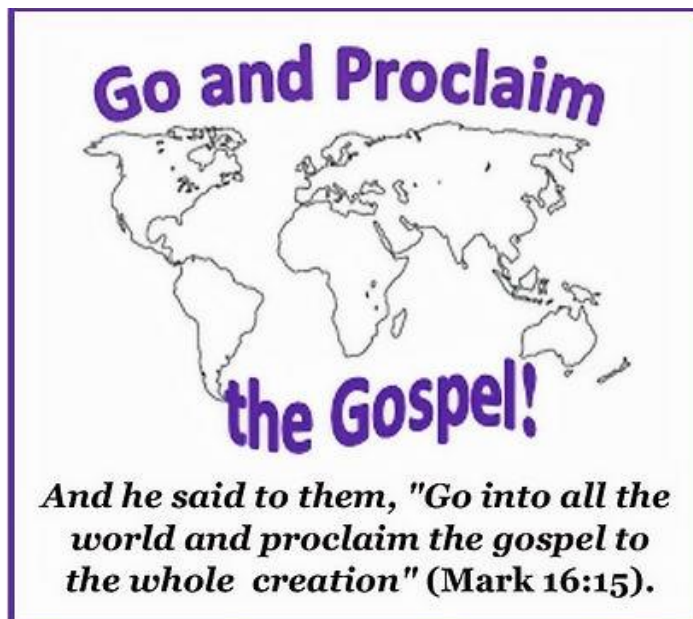


# 2024 LWML Oregon District Convention

June 21-22, 2024



**Living Savior Lutheran Church, 8740 SW Sagert St.  
Tualatin, OR 97062**

## Registration Form – Late Fee after June 8, 2024

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Home Congregation \_\_\_\_\_ City \_\_\_\_\_

Home LWML Group \_\_\_\_\_ Zone \_\_\_\_\_

### Check the boxes that describe you

- |  |  |
|--|--|
| <input type="checkbox"/> Regular Convention Attendee   | <input type="checkbox"/> Exhibitor   |
| <input type="checkbox"/> Voting Delegate               | <input type="checkbox"/> District Board of Directors (voting)              |
| <input type="checkbox"/> Non-voting Alternate delegate | <input type="checkbox"/> District Special Appointed Personnel (non-voting) |
| <input type="checkbox"/> First Time at Convention      | <input type="checkbox"/> District Committee Member (non-voting)            |
| <input type="checkbox"/> Young Woman (age 18-35)       | <input type="checkbox"/> Oregon District Pastoral Counselor                |
| <input type="checkbox"/> Heart 2 Heart Sister          | <input type="checkbox"/> Wife of OR District Pastoral Counselor            |
| <input type="checkbox"/> Past District President       | <input type="checkbox"/> Clergy  |

**Registration Fee \$125.00**

**Meal Package: \$75.00**

Late fee after June 8 – add \$20

Includes 4 meals. Friday lunch, Friday dinner, Saturday mid-day dinner, Saturday evening boxed meal

If you have dietary restrictions, please contact Liz Bier at [ebier@comcast.net](mailto:ebier@comcast.net) or 360-607-3966

**Extras:**

**Moving for Mites** (Saturday morning) **\$10.00**

**Convention Pin** **\$ 5.00**

**Choir Participant please check box** **Circle one: Soprano1 Soprano2 Alto**

Choir members will receive the music and a practice CD in the mail so you can learn your part before convention.

**Housing Suggestions – Everyone is responsible for their own housing**

Best Western Plus Northwind  
Inn & Suites  
16105 SW Pacific Hwy.  
Tigard, OR 97224  
833-301-1069 reservations desk

Century Hotel in Tualatin  
8185 SW Tualatin-Sherwood Rd  
Tualatin, OR 97062  
503-692-3600

Holiday Inn Portland (Wilsonville)  
25425 SW 95th Ave.  
Wilsonville, OR 97070  
888-465-4329

Best Western Plus Parkway Inn  
8815 SW Sun Pl.  
Wilsonville, OR 97070  
833-301-1069 reservations desk

Comfort Inn & Suites in Tualatin  
7640 SW Warm Springs St.  
Tualatin, OR 97062  
503-612-9952

Super 8 Wilsonville  
25438 SW Parkway Ave.  
Wilsonville, OR 97070  
800-780-5733

**\*\*Additional Accommodations in/near Tualatin, Google for additional information or go to <https://chamber.tualatinchamber.com/list/ql/lodging-travel-15>**

**Add up your costs**

1. Registration: \$125.00		\$ _____
Add \$20 late fee after June 8		
2. Meal Package: \$75.00		\$ _____
3.Extras: <b>Circle and calculate</b>		
Moving for Mites	\$10.00	\$ _____
Convention Pin	\$5.00	\$ _____
	<b>Total</b>	<b>\$ _____</b>

4. Finish and mail all 3 pages including “Participant Information Form, Acknowledgement and Release”

**Make check payable to “LWML Oregon District”**

**Mail to:** Connie Adams  
**Attn:** LWML OR District  
16241 S Bradley Rd  
Oregon City, Oregon 97054

**Got Questions? Here’s help!** Connie Adams email: [cadampdx@yahoo.com](mailto:cadampdx@yahoo.com) phone: (503)-833-2307 or See the website ([www.lwmlor.org](http://www.lwmlor.org)) or the Oregon *Leaguer* for more information



## Participant Information Form,

### Acknowledgement and Release

The purpose of the Participant Information Form, Acknowledgement and Release is to identify each person (a **“Participant”**) who wishes to volunteer with the Lutheran Women’s Missionary League (**“LWML”**) or participate in LWML-sponsored activities. As a condition to becoming a Participant, LWML requires each person to provide the following information and release LWML from any responsibility for his or her safety and well-being when volunteering for LWML and while participating in LWML-sponsored activities.

Name/Address: \_\_\_\_\_

Allergies and other known Health Risks/Problems: \_\_\_\_\_

Person to Contact in the Event of an Emergency (Name, Address, Telephone Number(s), and Relationship):

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Carrier/Policy Number: \_\_\_\_\_

Medications: \_\_\_\_\_

#### **ACKNOWLEDGEMENT AND RELEASE**

I UNDERSTAND THAT TO BECOME A Participant, the LWML Oregon District (hereinafter referred to as District) requires me to acknowledge and agree that District assumes no, and disclaims all, responsibility for my safety and well-being while acting as a participant. In consideration of District permitting me to be a Participant:

- (a) I acknowledge that the information set forth above is complete and accurate;
- (b) I acknowledge and agree that District is an auxiliary agency of The Lutheran Church (Missouri Synod) and cannot and does not accept any (and expressly disclaims all) responsibility for my safety and well-being while being a Participant;
- (c) I release LWML and District, its directors, officers, employees and agents from all claims, demands, actions or causes of action that I may have, now or in the future, relating to or resulting from any illness or injuries (including death) suffered by me or my possessions while being a Participant; and
- (d) I consent to any medical treatment that LWML (or any of its authorized representatives) deems to be necessary or appropriate in the event of my illness, accident or other medical emergency, and I accept full financial responsibility for any fees or expenses relating to this treatment.
- (e) I further grant permission to the District and/or agents authorized by them to use any photographs, in web cast, video or audio recordings or any other record of this event for any purpose.
- (f) I hereby acknowledge that I have read this document and understand it. I further acknowledge that by signing below I voluntarily surrender certain legal rights.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

\_\_\_\_\_  
(If under 18) Parent’s Signature

\_\_\_\_\_  
Parent’s Printed Name