

Registration Deadline: July 1, 2006
Include Deposit of \$50 Per Person
Make checks payable to "EALM Reunion"

Send To: Joel Jackson - EALM Reunion
804 Meadowlark Lane
Saint Peter, MN 56082

REGISTRATION FORM

East African Lutheran Missionaries & MKs Reunion
July 27 - 30, 2006
Gustavus Adolphus College
Saint Peter, Minnesota

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Country: _____

Phone: _____ Email: _____

Reunion Cost includes 3 night's housing (with all linens provided), 9 full meals, coffee & tea breaks, and all facility charges set by the college. *Children under 3 yrs of age - No Charge*

Choose from:	Cost	# of Persons	SubTotal
A. Double Occupancy Room <i>air conditioned w/ shared bathroom</i>	@ \$185 per person	X _____ =	\$ _____
B. Single Occupancy Room <i>air conditioned w/ shared bathroom</i>	@ \$210 per person	X _____ =	\$ _____
C. Commuter (<i>meals & program only - no housing with this choice</i>)	@ \$115 per person	X _____ =	\$ _____
TOTAL:			\$ _____

Names of Reunion Attendees: _____

If any of these participants are children and you desire limited child-care, please list the ages of the children next to their names above and check the following box:

If you have any special needs or accommodations, write them on the reverse side of this registration form, or contact Joel Jackson directly: EMail: bwanajj@hickorytech.net Phone: (507) 934-2963

----- Office Use Only -----

Deposit Paid: \$ _____ Date: _____ Balance Due at Check-In: \$ _____