

**Milestones Ministry Conference Registration Form**  
**Our Shepherd Lutheran Church (Severna Park, MD)**  
**September 19-20, 2008**

**Participant #1**

Name \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

Organization \_\_\_\_\_ Denomination (if applicable) \_\_\_\_\_

Street \_\_\_\_\_

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

Phone #s \_\_\_\_\_ Email \_\_\_\_\_

Please indicate any special needs (dietary, mobility) \_\_\_\_\_

Childcare needs (please include child names & ages) \_\_\_\_\_

**Participant #2**

Name \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

Organization \_\_\_\_\_ Denomination (if applicable) \_\_\_\_\_

Street \_\_\_\_\_

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

Phone #s \_\_\_\_\_ Email \_\_\_\_\_

Please indicate any special needs (dietary, mobility) \_\_\_\_\_

Childcare needs (please include child names & ages) \_\_\_\_\_

**Participant #3**

Name \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

Organization \_\_\_\_\_ Denomination (if applicable) \_\_\_\_\_

Street \_\_\_\_\_

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

Phone #s \_\_\_\_\_ Email \_\_\_\_\_

Please indicate any special needs (dietary, mobility) \_\_\_\_\_

Childcare needs (please include child names & ages) \_\_\_\_\_

Registration includes 5 meals, snacks and a copy of the book *For Everything a Season*, and one copy of the Milestones Ministry manual per congregation. Reservations will be confirmed by e-mail.

Please fill out and mail with payment to:

**Pastor Ed Kay**  
**Epiphany Lutheran Church**  
**4301 Raspe Avenue**  
**Baltimore, MD 21206**

**Conference Registration Fees:**

1 <sup>st</sup> person - \$200	2 <sup>nd</sup> person - \$175
3 <sup>rd</sup> person - \$150	4 <sup>th</sup> person - \$125
5 <sup>th</sup> + person - \$100	college/seminary student = \$100

*Registration by mail can only be paid by check  
Please make checks out to "The Gathering Account"*