

INDIVIDUAL WORKSHOP SELECTION

This is the only form that should be filled out by individual participants. Please return this to the main contact person at your church or school to be returned with the rest of the registration materials.

Participant Name and Title _____

Church or School Affiliation _____

Email Address _____

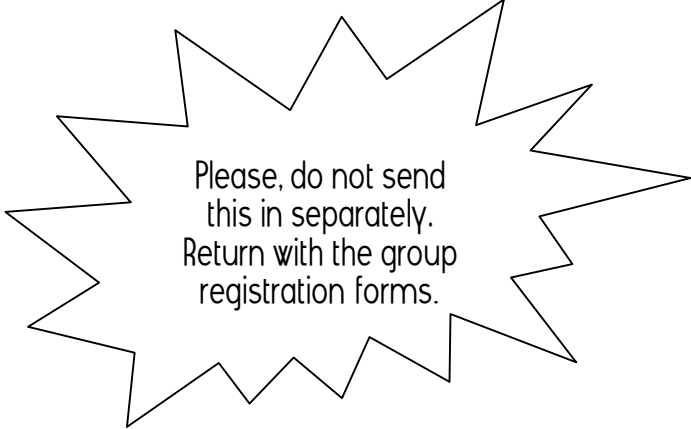
Would you be willing to introduce the speaker and open with a short prayer at a workshop? _____

Refer to oh.lcms.org under the "events" tab to see specific workshop offerings.

Workshop Session 1
(please pick one and write
number of workshop only)

Workshop Session 2
(please pick one and write
number of workshop only)

Workshop Session 3
(please pick one and write
number of workshop only)



Please, do not send
this in separately.
Return with the group
registration forms.



INDIVIDUAL WORKSHOP SIGNUP

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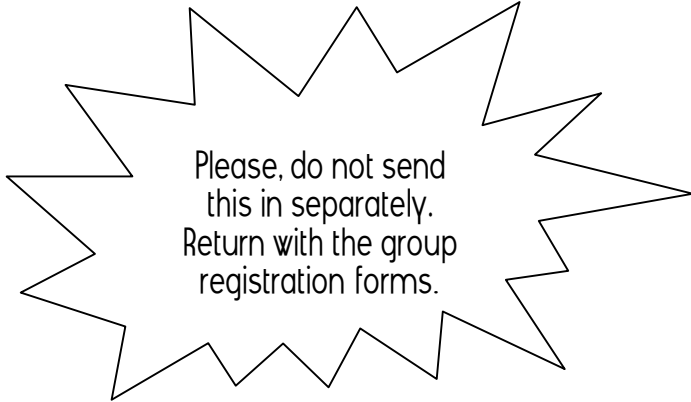
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