



Augustana Heritage Association Gathering VII Rock Island, Illinois

Thursday - Sunday June 10 - 13, 2010

REGISTRATION for *GATHERING VII*

Please print.

Participant #1

Name: _____

Address: _____

City, State, Zip _____

E-mail: _____

Phone: _____

Cell Phone: _____

Dietary/medical/special needs: _____

Participant #2

Name: _____

Address: _____

City, State, Zip _____

E-mail: _____

Phone: _____

Cell Phone: _____

Dietary/medical/special needs: _____

Attach a separate sheet for additional participants

CONFERENCE REGISTRATION (see description on next page)

- | | | |
|---|------------------------------|--------------|
| <input type="checkbox"/> Postmarked by May 1, 2010 | \$175 x _____ participants = | Total: _____ |
| <input type="checkbox"/> Postmarked after May 1, 2010 | \$195 x _____ participants = | Total: _____ |
| <input type="checkbox"/> Events only registration (snacks/no meals) | \$ 95 x _____ participants = | Total: _____ |
| <input type="checkbox"/> Thursday Tour to Andover, First Moline | \$ 30 x _____ participants = | Total: _____ |

HOUSING

- I/We will be staying **off-campus** and will make my/our own reservations.
- Location and city _____
- Please arrange **on-campus** housing at Augustana College for me/us.
I/We will need on-campus housing on [please check all the apply]
- Wednesday Thursday Friday Saturday Arrival Date _____ Time _____
- | | | |
|---|-----------------|--------------|
| <input type="radio"/> Single (one participant in room) | \$40/night/room | Total: _____ |
| <input type="radio"/> Double (two participants in room, per person) | \$35/night/room | Total: _____ |
| <input type="radio"/> Swanson Apartments, per person | \$50/night | Total: _____ |

Roommate or suitemate preference(s): _____

Payment to **Augustana Heritage Association VII** must accompany registration.

Total payment enclosed by check: _____

Mail completed registrations to: Augustana Heritage Association
Loryann Eis
2037 15th Street
Moline, IL 61265-3966

Don't forget to complete the reverse side of this form!!

Registration:

The registration fee includes all full-group and small-group sessions, program costs, Thursday evening meal, noon and evening meals on Friday and Saturday, Sunday breakfast and noon meal, and all coffee/snack breaks. Events only registration includes all of the aforementioned except meals. No refunds will be given for meals not attended. No partial registration is available. Cancellations will be honored up to June 1, 2010 and all but \$25 will be refunded.

Off-campus Housing: See attached list. All reservations will be made by individual participants. Remember to mention Augustana Heritage Association when making reservations. Breakfast meals will be “on your own” for off-campus housing.

Lodging at Augustana College:

Lodging at Augustana College will be provided in Swanson Commons and Swanson Apartments, 1010 38th Street. Sheets, bath towel and washcloth will be provided. Housing for the Commons will be provided in suite-style residence halls; two rooms share one bathroom. Each room has two single beds. Housing in apartments consists of three to six single bedrooms sharing two bathrooms.

Limited on-campus housing is anticipated. Campus housing will be provided on a first-come, first-served basis. Augustana College will *not* provide pillows, blankets, soap, alarm clocks, hair dryers, televisions, fans, radios, irons or ironing boards.

For on-campus housing questions, please contact Ruth Anne Hartman at 309-787-3351 or e-mail wrahartman@mchsi.com. Check-in for campus housing will be Wednesday, June 9, 6:00 p.m. and continuing all day Thursday at Swanson Complex. Check-out will be anytime Sunday. If other arrangements need to be made for check-in or check-out, please call the number above. Location for checking-in and out is at Swanson Complex.

Your Reunion Groups:

College: _____ Year: _____

College: _____ Year: _____

Seminary: _____ Year: _____

Seminary Chorus: _____ Year: _____

Nursing School: _____ Year: _____

Church: _____ Location: _____

Caravaners: _____ Year: _____

Choir: soprano alto tenor bass

Other: _____

Would you be willing to help organize or host your reunion group? _____

Specify which interest group _____

As reunion groups are identified and formed, you will be notified as time permits. Reunion group events will be posted at registration.

Please provide additional names and addresses of those who may be interested in attending.
