

## EaND SWO Fall Convention Registration

Convention Date \_\_\_\_\_

Congregation \_\_\_\_\_

Address \_\_\_\_\_

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

Voting Member

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Participant \_\_\_\_\_

Participant \_\_\_\_\_

Participant \_\_\_\_\_

Participant \_\_\_\_\_

Participant \_\_\_\_\_

Participant \_\_\_\_\_

Cost of Meal \$15.00 May be paid for at the door or a check can be mailed to  
SWO Treasurer