

2009 SYNOD ASSEMBLY DISPLAY SPACE REQUEST

1. Please reserve display space for _____

a. We will need a table Yes

No

b. We will need an electrical outlet Yes

No

c. Additional needs (# of chairs, etc)

RETURN FORM TO:

e-mail to: (jfields@nisynod.org)

JUDI FIELDS

(BY JUNE 1, 2009)

NORTHERN ILLINOIS SYNOD

103 WEST STATE STREET

ROCKFORD, ILLINOIS 61101-1105

Please provide the name, address, phone and e-mail of a contact person for your organization. (Please type or print clearly).

Contact Person - Name: _____

Daytime Telephone Number: _____

Mailing Address: _____

E-mail: _____