

## REGISTRATION FORM

To register either complete the form below and mail or bring it to Emanuel Lutheran Church office at 200 E Quincy St. in New London along with a check made payable to Wolf River Area Healthcare Foundation or go on-line to [www.emmanuelnl.org/health](http://www.emmanuelnl.org/health) and complete the form on the website and pay using PayPal by October 21.

\_\_\_\_\_  
Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

You may choose from one to three presentations to attend.

I would like to attend the following:

	1st Person	2nd Person
1st Choice - #	_____	# _____
2nd Choice - #	_____	# _____
3rd Choice - #	_____	# _____

\$10 individual; \$15 couple or family

Fee is \$5 more after October 21.