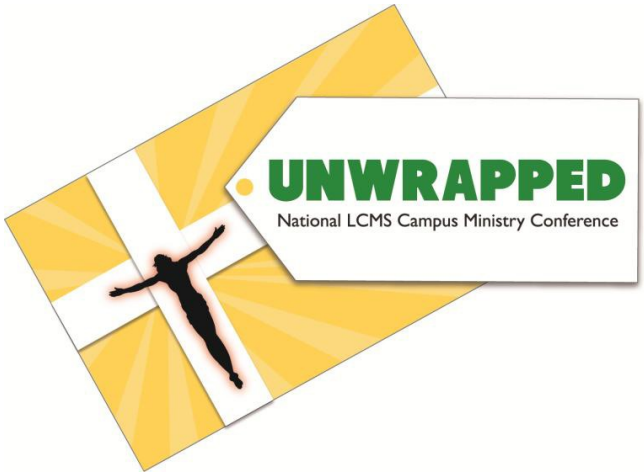

January 2-5, 2013
Saint Louis University
St. Louis, MO

www.lcms.org/campusministry

Exhibitor Registration

Thank you for agreeing to partner with us as an Exhibitor for UNWRAPPED: The National LCMS Campus Ministry Conference. Below is the information that we need from you to register you as the main contact for your group or organization. Following registration more specific details will be directly sent to you as we make final preparations for the Conference.

COST: $150 per table plus minimum $100 Regular Registration (hotel information below)

DEADLINE: December 1, 2012.

HOTEL: You are welcome to make your own accommodations or take advantage of our special rate at the conference hotel (Drury Inn and Suites by the Arch).

$100 Registration without hotel
$250 Registration with Three Nights Lodging (based on double occupancy)
$400 Registration with Three Nights Lodging (based on single occupancy)

Please note that our committee must make any and all arrangements with the conference hotel. Feel free to direct any questions of us, but do not make direct inquiries with the hotel.

LOCATION: The exhibitor area will be in the Busch Student Center on the campus of Saint Louis University on Thursday, 1/3 and Friday, 1/4. Please note that since the last day of the conference is a morning session that we are not planning on having tables.

ELIGILIBITY: Groups eligible to have a table at UNWRAPPED include those who are agency's of the Synod, auxiliaries, educational institutions, RSO's, and other cooperative agencies. All Synodical exhibitor criteria applies.

MORE INFORMATION: Please consult http://unwrapped2013.org.

Please make checks payable to "LCMS" and put "UNWRAPPED" in the memo line, and mail the below information to:

UNWRAPPED Conference
c/o Rev. Steven Cholak
1333 S. Kirkwood Road
St. Louis, MO 63122

You may also e-mail this completed form to unwrapped2013@lcms.org as a pdf, or send all requested information in the body of an e-mail with the subject line, "UNWRAPPED EXHIBITOR," and mail check to the above address.

Registration

REQUIRED INFORMATION

NAME: _____

ORGANIZATION: _____

TITLE: _____

ADDRESS: _____

_____

PHONE _____ **CELL:** _____

E-MAIL _____

SPECIAL REQUESTS: _____

_____ **# OF TABLES ($150 per table)** ***PLUS***

PLEASE CHECK THE FOLLOWING REGISTRATION TYPE

_____ $100 Registration without hotel
_____ $250 Registration with Three Nights Lodging (based on double occupancy)
_____ $400 Registration with Three Nights Lodging (based on single occupancy)

AMOUNT ENCLOSED (or being mailed): $ _____