

**Partners in Latino Ministries Conference**

For Workers in Hispanic Ministry

Hosted by: The Lutheran Hispanic Ministry Institute (LHMI)

October 19-21, 2022 | El Paso, Texas

**4**

## 2022 PalmCon Registration Form

Please complete the form as fully as possible. Remember the fee amount you select because you will need to send a check or go online to our payment site. [Note: if you intend to apply for a scholarship, please do so before completing this form. You can ask for a Scholarship Application at [info@missionaryintitute.org](mailto:info@missionaryintitute.org).] Thank you!

### Personal Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your spouse will be participating in the conference, please check here and write his or her name below.

Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Church or Organization where you serve: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My first language is Spanish and I need translation headphones for the English presentations

My spouse’s first language is Spanish and he/she needs translation headphones for the English presentations

### Registration Information

Please check the appropriate box to describe your area of ministry:

Clergy  Educator  Student  Lay Worker  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select the appropriate conference fee for the registration you are submitting:

Student: $ 150 (before October 1, 2022)  Student: $175 (after October 1, 2022)

Individual: $ 225 (before October 1, 2022)  Individual: $250 (after October 1, 2022)

Married Couple: $ 350 (before October 1, 2022)  Married Couple: $400 (after October 1, 2022)

I have applied for a scholarship to cover the registration fee

### Conference Information

The following information will help us make your conference experience better:

Please let us know how you would like your name to appear on your name tag:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your spouse is participating, please let us know how their name should appear on the name tag:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any disabilities or food allergies you may have, and tell us how we can help accommodate your needs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What type of experience, expertise, and/or insights do you believe you will be able to share with other conference participants that could benefit their own efforts?

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What do you hope to learn at the conference that you’ll use after returning home? Are you seeking information about anything in particular?

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I have enclosed a check payable to LHMI  I have applied for Scholarship

Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payments by check, made payable to the **Lutheran Hispanic Missionary Institute**, can be sent to 10622 Montwood Drive, Suite A, El Paso, TX 79935. If you wish to pay by credit card or PayPal, you can use the following website address: [www.palmcon.org](http://www.palmcon.org)

**FOR OFFICE USE ONLY**

Date application was received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Control Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Payment Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_ Check: \_\_\_\_\_\_\_\_\_\_\_\_