



LWML Washington-Alaska District Convention

July 10-12, 2026

Ruby River Hotel – Spokane, WA

REGISTRATION FORM

Please print and submit one form per registrant.

For online registration, ctrl/click [HERE](#):

Name _____

Address _____

City _____ State _____ Zip _____

Preferred Phone _____

Email _____

Church _____ Zone _____

Registration due May 1, late registrations accepted until June 9.
The registration fee is non-refundable and must be paid in full.
Registrations include the Saturday lunch with speaker and the Saturday banquet.

Registration Fee \$195

Saturday Only Registration (No voting delegates) \$150

Past District President's meals \$ 70

Clergy Registration \$100

"Mite" Walk (Saturday 4:30 – 5:30) \$ 10

Shirt size: ___S ___M ___L ___XL ___2XL ___3XL

Additional Saturday lunch \$ 25 Additional Saturday banquet

\$ 45 Late Fee – if registering after May 1 \$ 10

Total Remittance _____

Please make your hotel reservations by June 9, directly with Please check appropriate category:

The Ruby River Hotel. The group name is Lutheran Women's Missionary League 2026. Their phone number is 509-326-5577. The online link is available on the District website: wa-aklwml.org

Please make checks payable to LWML WA-AK District Conven on Fund. Registration receipts and information will be mailed to the email above. If you prefer a paper copy, please send a legal-sized, self-addressed, stamped envelope to the Registrar:

LeeAnn Tibbals, 2026 Conven on Registrar, 7416 N Courcelles Pkwy, Coeur d'Alene, ID 83815

___ General Registration

___ Voting Delegate *

___ Delegate's Alternate

___ Young Woman (Age 18-35)

___ Vo ng Board Member *

___ Non-voting Board Member or
Committee member

___ Past District President *

___ Heart to Heart Sister

___ Pastor

*Voting members. Delegates must submit the Delegate form to the District President.

This is my first Convention ___ Yes ___ No

I would like to sing in the choir. If yes, mark:

___ SopranoI ___ SopranoII ___ AltoI ___ AltoII

Dietary restrictions:

___ Vegan ___ Vegetarian

___ Gluten-Free

Other medically required restriction: _____