

LWML-NED Fall Retreat 2012

Looking Forward: Hope and a Future

Five women were named in the genealogy of Jesus.
Why would the Scriptures highlight these women?
Perhaps God wants to teach us that our life purpose and
our future does not depend on our past—
whether it was abusive, hurtful, ugly, shameful,
or even humble and upright—
but rather on His plan for each of us and our faith
and willingness to follow Him.
Let's discover together, with **Diane Bahn** leading us,
the hope and encouragement we can gain from God's
work in the lives of these and other selected women
in the Bible.

Certainly He is at work in our lives too.

**“For I know the plans I have for you,”
declares the Lord,
‘plans to prosper you and not to harm you,
plans to give you hope and a future.’”
Jeremiah 29:11 (NIV)**

October 26-27, 2012
Holiday Inn (formerly Crowne Plaza)
1 Bright Meadow Blvd.
I91, Exit 49 Enfield, CT

Friday program:
7:00 PM – 9:00 PM
(Registration begins at 4:30 PM)
Dinner is on your own!

Saturday program:
8:30 AM – 3:00 PM

NOTE: Hotel reservations should be made directly
with the hotel. Mention booking for LWML Retreat.

Holiday Inn, Enfield, CT • 860-741-2211

ROOM RATE:

Single, double, triple or quad occupancy
including full, hot buffet breakfast + gratuity \$95 + tax

**ROOM RATES AND AVAILABILITY
CANNOT BE GUARANTEED AFTER 10/12/12**

Ingathering 2012

You are invited to bring filled Wal-Mart Gift Cards (any amount is
fine) that will be sent to our seminarians at both campuses.

**Don't forget to bring back your
purple pockets!**

REGISTRATION FORM LWML-NED Fall Retreat 2012 October 26-27, 2012

NAME _____
ADDRESS _____

CITY _____
STATE, ZIP _____
PHONE _____
EMAIL _____
CHURCH _____ W

Is this your first retreat? **Yes (Circle if appropriate)**

REGISTRATION FEE:

EARLY BIRD postmarked by 9/29/12 \$40

LATE REGISTRATION from 9/30-10/26/12 \$45

First-time registrants \$5 off w/coupon

Registration includes luncheon on Saturday.

MAKE CHECKS PAYABLE TO LWML-NED

SEND CHECKS AND REGISTRATIONS TO:

Nancy Fischer
80 Echo Drive
Vernon, CT 06066-5907
860-872-8029

PLEASE CIRCLE LUNCHEON CHOICE FOR SATURDAY:

1. **GRILLED CHICKEN WRAP** — Honey Dijon dressing, lettuce, tomato, red onion, cole slaw, chips, & deli pickle.
2. **ROAST BEEF AND BOURSIN** — Lettuce, tomato, red onion, French roll, cole slaw, chips & deli pickle.
3. **CHEF'S SALAD** — Ham & turkey roulades, Swiss & Cheddar cheese, boiled egg, balsamic vinaigrette dressing, cole slaw, chips & deli pickle.

All meals include coffee, iced tea and freshly baked cookies.

Be sure to Bring your Bible!!!

FIRST TIMER'S COUPON
SAVE \$5.00

FIRST TIME ATTENDEES:

*Receive \$5.00 off the registration fee
for the LWML-NED Retreat*

October 26-27, 2012 in Enfield, Conn.

*Coupon must be submitted
with registration form.*

Who is Diane Bahn?



- Leader of the Partner (wives) Program of the Pastoral Leadership Institute (PLI).
- Marriage and ministry partner with husband David, Senior Pastor of St. John Lutheran Church, Cypress, Texas (NW Houston).
- Bible Study and discipleship huddle leader.
- Previously served several congregations as worship and music director.
- Has served on the Full Value Ministry Advisory Council and participated in LCMS WLI Women's Ministry Roundtable Discussions.
- Presenter at Best Practices for Ministry Conference and at WLI (Women's Leadership Institute) Conference in 2012.
- Loves her family of four sons, three daughters-in-law, six grandchildren.
- Amazed by God's grace, desires to help others awaken to a new awareness of God's presence and to a commitment to his purpose for their lives.
- Graduate of Valparaiso University, post-graduate student at Concordia University-Chicago.



HEALTH AND EMERGENCY INFORMATION FORM

PERSONAL INFORMATION

Name _____
Home Phone _____ Date of Birth _____
Address _____
City, State, Zip _____

EMERGENCY INFORMATION

Whom should we notify in case of an accident or medical emergency?

Please list two persons with different addresses who are not members of LWML.

Name _____
Home Phone _____ Relationship _____
Address _____
City, State, Zip _____

Name _____
Home Phone _____ Relationship _____
Address _____
City, State, Zip _____

MEDICAL INFORMATION

PRIMARY PHYSICIAN:

Name _____
Address _____
City, State, Zip _____
Phone _____

Do you have any health conditions (i.e. allergies, chronic conditions, etc.), special circumstances, or medications which should be known about prior to emergency treatment?

YOUR SIGNATURE

DATE

**COMPLETED FORM must be sent along with registration form and payment to
Nancy Fischer, 80 Echo Drive, Vernon, CT 06066-5907**