



Marriage Encounter Application – USA

Please provide the information below to apply for your Marriage Encounter event.

Note: If you need financial assistance to attend this event, please email us at info@godlovesmarriage.org prior to submitting your application.

Marriage Encounter Experience Desired *(Required)*

- Virtual - Sep 18-20, 2020
 Hartville OH - Nov 6-8, 2020
 Lancaster, PA - Apr 23-25, 2021

Applying As *(Required)*

- Married Husband & Wife
 Married Clergy Member & Spouse
 Married Seminarian & Spouse

Husband's First & Last Names *(Required)*

Wife's First & Last Names *(Required)*

Wedding Date *(Required)* _____

Home Address - USA *(Required)*

Street Address _____

City _____ State _____ Zip _____

Preferred Phone Number Contact *(Required)*

Preferred Email Contact *(Required)*

Husband's Church Affiliation, If Any *(Required)*
(If None, Type None)

Wife's Church Affiliation, If Any *(Required)*
(If None, Type None)

How Did You Hear About Marriage Encounter? *(Required)*

- | | |
|----------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Friend or Colleague | <input type="checkbox"/> Web Search |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Church Bulletin or Announcement |
| <input type="checkbox"/> Church Newsletter | <input type="checkbox"/> Synod Conference |
| <input type="checkbox"/> Best Practices in Ministry Conference | <input type="checkbox"/> Pastor or Church Staff Member |
| <input type="checkbox"/> Other _____ | |



Marriage Encounter Application – USA (Continued)

COMPLETE THIS SECTION IF YOU HAVE CHOSEN AN IN-PERSON HOTEL EXPERIENCE:

Husband's Preferred Name on Name Tag

Wife's Preferred Name on Name Tag

Room Smoking Preference (Required)

Non-Smoking

Smoking

Please note that Arizona, Minnesota, and Washington State are all non-smoking per state statute

Any Special Needs - Dietary? Physical? _____

PAYMENT

Discount Code

If you have a Discount Code, please add it here _____

Select Payment Option

Personal Check Payable to *Lutheran Marriage Encounter*

(Please contact us at info@godlovesmarriage.org to be given the snail mail address for mailing)

Prepaid Gift Certificate (Please provide last name of person who contributed your gift certificate)

You may submit this form in two ways –

1. Via email to info@godlovesmarriage.org (we will reply with the snail mail address to submit your personal check).
2. Print and mail this document along with your personal check after receiving the snail mail address for mailing from info@godlovesmarriage.org.

Thank you for your application! Our team for the event location/date you've chosen will contact you upon receipt of this application form and personal check.