

EQUALIZATION FORM
HAWAII VOTING MEMBERS ONLY

VOTING MEMBER'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONGREGATION: _____ CITY: _____

My Round-Trip Airfare Cost: \$ _____

Ground Transportation Cost: \$ _____

*If shared, please list names
of those you shared with:* _____

MAKE CHECK PAYABLE TO: _____

MAXIMUM REIMBURSEMENT \$450 PER VOTING MEMBER

Receipts must be submitted to receive reimbursement!

Photocopies of the bill or airline ticket, showing the price, are acceptable. You may use one form now for airfare and one after the Assembly for ground transportation. As much as possible, please arrange to share ground transportation, in order to keep costs down.

SEND TO:

Pacifica Synod - ELCA
1801-C Parkcourt Pl.
Santa Ana, CA 92701

**PLEASE MAKE YOUR FLIGHT ARRANGEMENTS AS SOON AS
POSSIBLE, IN ORDER TO OBTAIN THE BEST RATES.**

Should you have any questions, please contact Terri Robertson at the
Pacifica Synod office (714) 692-2791

Amount Approved _____ Date Approved _____ By _____