

**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: \_\_\_\_\_

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**MAXIMUM REIMBURSEMENT \$450 PER VOTING MEMBER**

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**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 Helga Bergthold at the  
Pacifica Synod office (714) 692-2791

Amount Approved _____ Date Approved _____ By _____
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