



Meadville Lombard  
Theological School

PROSPECTIVE STUDENT CONFERENCE REGISTRATION FORM

April 21-22, 2010

You will be our guest for two days, including campus lodging (private room, shared bath), two lunches, a continental breakfast and a community dinner. The conference is scheduled to begin on Wednesday, April 21 at 12:00 p.m. and will end on Thursday, April 22 at 4:00 p.m. We will send you a participant's packet with additional information, including an agenda, when your registration is complete.

You may also reserve one or two extra nights, Tuesday or Thursday, at the same rate. As space is limited, we encourage you to register early! We are not able to take registrations online, but you may fax them to us at 773.256.3007.

I am interested in the: \_\_\_ Master of Divinity Degree \_\_\_ Master of Arts (Religion) Degree

I am interested in the: \_\_\_ Campus Format \_\_\_ TouchPoint (distance) Format \_\_\_ Undecided

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Email \_\_\_\_\_

Name of Congregation \_\_\_\_\_

Dietary Preferences:

Vegan  Vegetarian  No preference

Food Allergies: \_\_\_\_\_

Special needs? Please Specify: \_\_\_\_\_

Conference Non-Refundable Registration Fee with Housing: \$ 100.00

Without Housing: \$ 45.00

Add Tuesday night, April 20 @ \$55.00 per person: \$ \_\_\_\_\_

Add Thursday night, April 22 @ \$55.00 per person: \$ \_\_\_\_\_

**Total Enclosed:** \$ \_\_\_\_\_

\_\_\_ My check is enclosed: # \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ I will pay by credit card: \_\_\_ Visa \_\_\_ MasterCard No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (CVV): \_\_\_\_\_

Signature: \_\_\_\_\_

Please printout and return this form with payment to:

Meadville Lombard Theological School | ATTN: Prospective Student Conference

5701 S. Woodlawn Ave. | Chicago, IL 60637

p 773.256.3000 x237 | f 773.256.3007