

ONLINE REGISTRATION FORM

Title: Mr. Mrs. Mr.&Mrs. Ms. Rev. Dr. Prof. Other _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Source: _____

On Campus Conferee Costs

Full 9 Days:

-Registration Fee: \$ 150 (Non refundable) \$ _____
-Tuition: \$1125 \$ _____
-On Campus Room and Board: \$790 \$ _____

Weekend Only:

Please Check One:

- Weekend One: July 7-9, 2006
 Weekend Two: July 14-16, 2006

-Registration Fee: \$50 (Non refundable) \$ _____
-Tuition: \$250 \$ _____
-On Campus Room and Board: \$195 \$ _____

GRAND TOTAL: \$ _____

Method of Payment

Check Visa MC Discover

Acct #: _____ Exp: ____/____

Name on Card: _____

Charged By: _____ Charged Date: _____ Cap No. _____