

Registration Form July 30 – August 4, 2017

49th ANNUAL Institute on Sacred Scripture

Please use a separate registration form for each person.

PLEASE PRINT.

Circle an appropriate title or include it with your name.

Dr. Sr. Fr. Bro. Rev. Mr. Mrs. Ms.

Name _____ Rel. Community Initials _____

Address _____

City _____ State _____ Zip _____

Telephone (day) _____ Telephone (evening) _____

E-Mail Address _____ Fax _____

Position _____

Community or Organization _____

Institute Cost *(includes workshop, meals, breaks, socials, and material)*

___ Single air-conditioned bedroom (shared bathroom) \$750.00

___ Two or more from the same group (single bedroom/shared bathroom) \$690.00

___ Commuter rate \$515.00

The other members in my group are: _____

\$100 deposit required with remainder due before the workshop begins. Comprehensive residential fee includes single or double room, all materials, breaks, socials, meals, and campus recreational facilities.

NOTE: EXTRA NIGHT STAY LIMITED TO ONE DAY BEFORE INSTITUTE DUE TO OTHER UNIVERSITY ACTIVITIES. No charge for extended night's stay. Meals are a la carte.

Extra night's stay: Before: _____ Approximate Time: _____

Payment Options Enclosed is \$ _____

___ Check \$ _____ Check # _____

___ Charge \$ _____ to my ___ Visa ___ MasterCard ___ Discover

Card Number _____ Expiration Date _____

Signature _____

Make check payable to: Misericordia University

Return this form to: Institute on Sacred Scripture
Misericordia University
301 Lake Street
Dallas, PA 18612-1090

Office Use Only. Date Received: _____