

Summer Scripture Seminar 2017

Sunday, June 25th – Friday, June 30th

Prefix	First Name	Last Name
Full Address		City, State, Zip
Daytime Phone		Cell Phone
E-mail		Parish Name or Religious Order

We will include your contact information with email address on a group attendance sheet for other Summer Scripture participants unless you check here NO

Would you like to receive Continuing Education Units for your participation? YES NO

(Full Conference Commuters, please use REGISTRATION – FULL ATTENDANCE form)

Registration – Partial Attendance:

Cost per single lecture (\$40) 3 lectures (\$110) 3 lectures & 1 overnight (\$170)

Indicate which **Lectures** you will attend:

Sunday	<input type="checkbox"/> 6/25 pm		
Monday	<input type="checkbox"/> 6/26 am#1,	<input type="checkbox"/> 6/26 am#2,	<input type="checkbox"/> 6/26 pm
Tuesday	<input type="checkbox"/> 6/27 am#1,	<input type="checkbox"/> 6/27 am#2,	<input type="checkbox"/> 6/27 pm
Wednesday	<input type="checkbox"/> 6/28 am#1,	<input type="checkbox"/> 6/28 am#2,	<input type="checkbox"/> 6/28 pm
Thursday	<input type="checkbox"/> 6/29 am#1,	<input type="checkbox"/> 6/29 am#2,	<input type="checkbox"/> 6/29 pm
Friday	<input type="checkbox"/> 6/30 am#1,	<input type="checkbox"/> 6/30 am#2	

Overnight: Sun, Mon, Tue, Wed, Thu

For those staying overnight on Thursday, we hold a special dinner for which there is no additional fee, but a count is needed: YES, I will attend NO, I will not attend

If paying by check, make payable to: **Institute for Ongoing Formation**

If paying by credit card, specify: Visa MasterCard Discover AmEx

Name as appears on Credit Card: _____

Credit Card Number: _____ Exp. Date: _____

Signature: _____ Amount to be Charged:\$_____

Please send this registration form and payment to:

USML Institute for Ongoing Formation - 1000 E. Maple Avenue – Mundelein, IL 60060



Like us on Facebook at <https://www.facebook.com/SummerScriptureSeminar>

☎ AX: 847.837.4565, Email: IOF@USML.edu or Call: 847.837.4558