

Summer Scripture Conference 2019

Sunday, June 23rd – Friday, June 28th

Prefix _____ First Name _____ Last Name _____

Full Address _____ City, State, Zip _____

License Plate Number _____ Daytime Phone _____ Cell Phone _____

E-mail _____ Parish Name or Religious Order (if applicable) _____

Receive Continuing Education Units for your participation? YES NO

Please check here to **opt out** to have your contact information shared among conference attendees

Please indicate any special mobility concerns or needs: _____

EARLY Full Conference Registration (Includes all conferences, meals & socials)

(Payment must be received by April 30th 2019)

Full Conference with Overnight Accommodations (Single): **\$825**

Full Conference with Overnight Accommodations (Shared Room): **\$1230** (2 people)

Shared Room - Name of Roommate (must have to register): _____

Commuter (includes all meals except breakfast) Full Conference: **\$500**

REGULAR Registration – All partial registrations, & those received after April 30th, 2019

Full Conference with Overnight Accommodation (Single): **\$875**

Full Conference with Overnight Accommodations (Shared Room): **\$1280** (2 people)

Shared Room - Name of Roommate (must have to register): _____

Commuter (includes all meals except breakfast, socials) Full Conference: **\$550**

Single Speaker Option: **\$150** (3 Lectures, 2 meals, social, no overnight) *Select speaker below*

Single Speaker Option: **\$200** (3 Lectures, 3 meals, social, one overnight) *Select speaker below*

<input type="checkbox"/> Sun/Mon Dr. Mark Smith	Sun 7:45-9 pm	Mon 9-10:15 am	Mon 10:45- 12 noon
<input type="checkbox"/> Mon/Tue Dr. Anthony Pagliarini	Mon 7-8:15 pm	Tues 9-10:15 am	Tues 10:45-12 Noon
<input type="checkbox"/> Tue/Wed Dr. Michael Barber	Tues 7-8:15 pm	Wed 9-10:15 am	Wed 10:45- 12 Noon
<input type="checkbox"/> Wed/Thu Dr. Steven Smith	Wed 7-8:15 pm	Thurs 9-10:15 am	Thurs 10:45- 12 Noon
<input type="checkbox"/> Final 3 Speakers, Dr. Malka Simpovich, Dr. Lynne Boughton, Dr. Mary Deeley	Thurs 7-8:15 pm	Fri 9:30- 10:45 am	Fri 11-12:15 pm

Check payments- make payable to: **Institute for Ongoing Formation**

Credit Card please 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

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