

# Registration Form

(Use one for each person. Duplicate if necessary.)

## Institute for Adult Spiritual Renewal at Loyola University, Chicago, Lakeshore Campus

**REGISTRATION FEE**

(MUST ACCOMPANY ALL REGISTRATIONS) \$70.00

**FULL TUITION**

\_\_\_ courses @ \$225 each \$ \_\_\_\_\_

**DISCOUNTED TUITION**

(only applies when all fees are paid with registration and before 4/30/12)

\_\_\_ courses @ \$210 each \$ \_\_\_\_\_

**HOUSING, MEALS, & FACILITY USE**

\_\_\_ Single room, 5 nights \$465 \$ \_\_\_\_\_

\_\_\_ Double room, 5 nights \$375/person \$ \_\_\_\_\_

\_\_\_ Single room, 7 nights \$650\* \$ \_\_\_\_\_

\_\_\_ Double room, 7 nights \$511/person\* \$ \_\_\_\_\_

\_\_\_ Single room, 1 night \$93 \$ \_\_\_\_\_

\_\_\_ Single room, 2 nights \$186 \$ \_\_\_\_\_

\*See general information section for details on weekend arrangements.

TOTAL DUE \$ \_\_\_\_\_

AMOUNT ENCLOSED \$ \_\_\_\_\_

AMOUNT OWING \$ \_\_\_\_\_

Make check payable to: ASR&E

*If you indicated double room you must include:*

Name of Roommate \_\_\_\_\_

**Institute for Adult Spiritual Renewal**

18947 Burke Rd. • South Bend, IN 46637

Phone 574-855-3125

Name (Last, First) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_ ZIP \_\_\_\_\_

Telephone (Daytime) (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of arrival \_\_\_\_\_

Date of departure \_\_\_\_\_

*Please print clearly*

Parking is available on a per day or per week basis. Parking fees are paid directly to Loyola upon arrival.

**COURSE SELECTION**

DATE	FIRST CHOICE COURSE NUMBER			SECOND CHOICE COURSE NUMBER		WEEKEND COURSE NUMBER
	Morn	Aft	Eve	Morn	Aft	Fri/Sat
6/24 - 6/29						
6/29 - 6/30						
7/1 - 7/6						
7/6 - 7/7						

- We will do our best to accommodate your wishes, but we cannot guarantee your first choices. Courses are filled on a "first come, first served" basis - register early!