

# 'Gifts of Hope' Multi-Ethnic Symposium

January 30-31, 2012



## Registration Form

Name \_\_\_\_\_

Title (circle): Rev. Mr. Prof. Dr. Mrs. Ms. Miss Dcs. \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Congregation/Institution \_\_\_\_\_

**A. Registration.....\$ \_\_\_\_\_**

\$70.00/person

(Cost includes registration, Monday breakfast, lunch and dinner, Tuesday breakfast and lunch)

**B. On-Campus dormitory housing (please check appropriate boxes)**

Single room (\$40 per night for single person or married couple).....\$ \_\_\_\_\_

Sunday night \_\_\_\_\_

Monday night \_\_\_\_\_

Tuesday night \_\_\_\_\_

Shared room (\$25 per person per night) .....\$ \_\_\_\_\_

Sunday night \_\_\_\_\_

Monday night \_\_\_\_\_

Tuesday night \_\_\_\_\_

(Name of person sharing room; we will assign if no one is named.)  
\_\_\_\_\_

**TOTAL ENCLOSED.....\$ \_\_\_\_\_**

**Registration Deadline: January 18, 2012**

MC/VISA/Discover (circle): Account # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Make checks payable to Concordia Seminary and return with registration form to:

Multi-Ethnic Symposium

Office of Continuing Education

Concordia Seminary

801 Seminary Place, St. Louis, MO 63105

(314) 505-7486 ▪ (314) 505-7393 (fax) [ce@csl.edu](mailto:ce@csl.edu)

REFUND POLICY: Full refund 10 days prior to event. 50% refund up to date of event. Please include an email address so that we may notify you upon receipt of your registration form and payment.

If you do NOT receive an email confirmation within 10 days of sending your payment, please contact the Office of Continuing Education.