

Healing Our Religious Wounds

Crowne Plaza Hotel, Glen Ellyn, Illinois

Saturday, April 24, 2010, 9pm – 3pm

Registration Form

A registration form must be completed for each registrant.
If you have any questions, call Diane Eisenberg at 1-800-669-1571, ext 320.

Name: _____ () _____
Phone _____

Address: _____
Street _____ E-mail _____
City _____ State _____ Zip _____

PAYMENT CALCULATION		
Basic Conference Fee	\$ 105.00	<input checked="" type="checkbox"/>
Student Rate, with ID	80.00	<input type="checkbox"/>
<p>Please note: Cost of registration includes ALL meals during the conference.</p> <p style="text-align: right;">Total Payment \$ _____</p>		
PAYMENT OPTIONS		
Enclosed is a check made payable to the <i>Theosophical Society</i>	<input type="checkbox"/>	
Charge to my credit card : (send by postal mail, fax or phone – do not email) Card # _____ Expiration Date _____ 3 digit V-code on back of card _____ Signature _____	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	

Fax to:
630-668-4976
Attn: Diane Eisenberg

~or~

Mail to:
Diane Eisenberg, Registrar
Theosophical Society
P.O. Box 270
Wheaton, IL 60187-0270

<i>For office use only:</i>	Receipt # _____	Payment form _____	Notes: _____
	Date Rec'd _____	Amount _____	_____