



**The Urantia Book Fellowship's Summer Study Session 2007
"Cosmic Citizenship"**

Friday, July 20 – Sunday, July 22, 2007

Dominican University Summer Conference Center, River Forest, Illinois U.S.A.

REGISTRATION FORM: (Please submit by May 31, to facilitate planning.)

Name: _____ Date: _____

Address _____

City _____ State/Prov. _____ Zip/Postal Code: _____ Nation: _____

Daytime phone: (____) _____ Evening phone: (____) _____

Please include your E-Mail: _____

Please list all names in your group, including yourself, exactly as you wish them to appear on name badges. Age required only if participant is a youth.

| First Name | Last Name | Gender | Age |
|------------|-----------|--------|-------|
| _____ | _____ | M / F | _____ |
| _____ | _____ | M / F | _____ |
| _____ | _____ | M / F | _____ |
| _____ | _____ | M / F | _____ |
| _____ | _____ | M / F | _____ |

REGISTRATION FEES: Adult (21+) registration **\$25.00 per day**. Children/Youth (12 - 20) **\$10.00 per day**. Children under 12 are free. Adult fees must accompany registration. Child care is *not* provided. Note: If you plan to stay for the entire conference registration fees are for 3 days, totaling **\$75.00**.

| | | |
|---|--------------------------|------------------|
| Adult Registration Fee: # in party → | __ Days x \$25.00 = ____ | \$ |
| | | Total Adult Fees |
| Youth Registration Fee: # in party → | __ Days x \$10.00 = ____ | \$ |
| Youths 12 under → | ____ x Free | Total Youth Fees |

ON CAMPUS ACCOMMODATION FEES:

Fee includes bed and meals beginning with dinner on the day you arrive.

Accommodations: *Suites* = 2 double/2 single w/2 baths or *Clusters* = 2 double rooms w/1 bath.

Roommates: Are assigned unless specified. Please assign a roommate: []

I/we wish to room with _____

Single Room Request: Give me a single room [] Single rooms assigned on a first come first served basis.

Vegetarian Meals: Check here []

ADDITIONAL ACTIVITIES: [] Please check if you wish to attend the **Pre-Conference Spiritual Retreat**. The retreat begins Thursday at 8:00 AM and ends Friday at 8:00AM (20 people maximum). The retreat will be an opportunity to experience more depth in your contemplative journey. Whether this is your first retreat or otherwise, you will be blessed by the sacred surroundings of the Dominican College and the privilege of spending more time in prayer and worship. Retreat to be led by Gard Jameson and friends. Laudate Deum!

| | | |
|---|----------------------------------|--------------------|
| Staying 3 Nights Enter number in party → Select One: <u>Check in</u> – <u>Check out</u> Thu. 7/19 – Sun. 7/22 [] Sat. 7/21 – Mon. 7/23 [] Shared accommodation w/9 meals. | Cost ____ x \$210.00 = | Total \$ |
|---|----------------------------------|--------------------|

| | | |
|--|--|--|
| <u>Staying 4 Nights</u> Enter number in party → Select One: <u>Check in</u> – <u>Check out</u> Weds. 7/18 – Sun. 7/22 [] Thurs. 7/19 – Mon. 7/23 [] Shared accommodation w/12 meals. | Cost ____ x \$280.00 = | Total \$ |
| <u>Staying 5 Nights:</u> Enter number in party → <u>Check in</u> – <u>Check out</u> Wed.7/18 – Mon.7/23 Shared accommodation w/15 meals. Extra Nights: I wish to stay ____ extra nights, from ____ to ____ Includes 3 meals a day. | Cost ____ x \$350.00 = Cost Extra Nights ____ x \$70.00 = | Total \$ Total \$ |

COMMUTERS ONLY – DAILY FACILITY USE FEES:

Daily Facility Use Fees: \$25.00 daily, Adult or Youth, includes 3 meals.

Note: The daily Commuter Use Fees are required to attend the conference as a commuter.

I am attending as a commuter. [] I plan to attend only the following days

(Check any that apply.) Thurs. [] Fri. [] Sat. [] Sun. []

| | | |
|---|--|---------------------|
| Daily Commuter Facility Use: Enter number in party → (Everyone) | Costs ____ x \$25.00 x ____ days = | Totals \$ |
|---|--|---------------------|

COST WORKSHEET: Enter all that apply:

Enter total Adult Registration Fees \$ _____
Enter total Youth Registration Fees \$ _____
Enter total On Campus Accommodation Fees \$ _____
Enter total Commuter Use Fees, Youth & Adult \$ _____
Grand Total of Fees Due (Add all applicable totals.) \$ _____
Adult Registration Fees Deposit (Required) \$ _____
Amount Paid \$ _____
Remaining Balance due June 20 \$ _____

PAYMENT:

Payment: Check or [] Visa [] MasterCard [] Discover

CC# _____

Exp. Date: _____ Name on credit card: _____

Signature: _____ Make checks to: **The Urantia Book Fellowship.**

BALANCE DUE PAYMENT: The University requires that all room and meal charges be paid in the month before arrival. All balances due on **June 20**, credit cards will be debited on this date.

Other Important Information: Dining Hours: Breakfast: 8:00 – 9:00 AM • Lunch: 12:00 – 1:00 PM • Dinner: 5:30 PM. First meal is dinner on Wed., July 18; last meal is lunch: Monday, July 23rd.

Please make a copy of this completed registration for your records and FAX, SCAN or MAIL the completed form to:

The Urantia Book FELLOWSHIP
9190 West 90th Place
Westminster, CO 80021

• Phone (877) 288-3772 toll free • Fax (303) 403-4091 • Email: Fellowship@UrantiaBook.org