



EPIPHANY TERM 2010—REGISTRATION FORM

Title and Full Name: _____ Male Female
 Nickname/Name for Nametag: _____ or same as Full Name
 Social Security Number: _____ Date of Birth: _____ I am a New Student
 Email: _____ Marital Status: _____
 Address: _____
 Phone: (home) _____ (office) _____ (cell) _____
 Baccalaureate Degree and Date: _____ College/University: _____
 Graduate Degree and Date: _____ Seminary/University: _____
 Church Affiliation: _____ Diocese/Jurisdiction: _____

Program Registration (Check One):

- () MDIV CREDIT - \$990/COURSE () NON-DEGREE CREDIT - \$990/COURSE () AUDIT/CEU'S - \$495/COURSE

JANUARY 11-15, 2010

DMin/STM Level	MDiv Level	Course
() BE 207	() OT 11	Yearning for God's Audience: Interpreting Job for Today
Timothy Johnson, Ph.D., Assoc. Prof. of Old Testament and Hebrew, Nashotah House		
() CD 207	() PM 11	Catechesis Reawakened
Canon Wm. Blewett, Ph.D., SSC and Fr. Lee Nelson, SSC		
() EMT 206	() EMT 11	From the Womb to the Tomb: A Theological View of Issues in Bioethics
Fr. Daniel A. Westberg, D. Phil., Research Professor of Ethics and Moral Theology		
() CD 208	() PM 19	Building Congregations that Thrive
The Rev. Alan Hansen and The Rev. Frank Baltz, Acts 29 Ministries		

ACCOMMODATIONS AND PAYMENT INFORMATION

Arrival Date and Time: _____	Departure Date and Time: _____	
<input type="checkbox"/> Off Campus Accommodations (<i>Call early to make your own reservations and ask for the Nashotah House corporate rate. Prices quoted do not include tax</i>) <ul style="list-style-type: none"> ▪ Delafield Country Pride Inn – 262.646.3300 \$48-\$58/Night ▪ Delafield Holiday Inn Express – 262.646.7077 \$79-\$89/Night ▪ Delafield La Quinta – 262.646.8500 \$67/Night ▪ Oconomowoc Olympia Resort – 262.567.0311 \$79/Night <p style="text-align: center;">Meals are \$90 per person for Breakfast and Lunch (M-F)</p> Additional People Ordering Meals: _____ Dietary or Physical Restrictions: _____	Payment Information	
	<input type="checkbox"/> Check/Money Order Enclosed	
	<input type="checkbox"/> MC <input type="checkbox"/> Visa	
	Expiration Date:	_____
	3-Digit CSC:	_____
	Name on Card: _____	
	Credit Card #: _____	
	Total Tuition:	\$
	Total Housing:	\$
	Total Meals:	\$
Total Enclosed:	\$	

For more information, please contact the Office of Admissions at Nashotah House: 800.627.4682 or admissions@nashotah.edu
 Full tuition, room, and board, payable to Nashotah House, must accompany this registration unless other arrangements are made with the Business Office in advance: 262.646.6500. Complete this form and send with your total payment to:

The Office of Admissions – Nashotah House – 2777 Mission Road – Nashotah, WI 53058
 or Fax (credit card payments) to 262.646.6504