



EPIPHANY TERM 2012 (JANUARY 9-13)—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):

- () **DEGREE CREDIT - \$990/COURSE** () **NON-DEGREE CREDIT - \$990/COURSE** () **AUDIT/CEU's - \$495/COURSE**
THESIS/PROJECT REGISTRATION: () **3 CREDITS - \$990** () **6 CREDITS - \$1980**

| Masters Level Credit | DMin Level Credit | Course Title |
|----------------------|-------------------|--|
| () CH719 | () AT820 | Mary: A History of Doctrine & Devotion Fr. Steven Peay, Associate Professor of Church History |
| () CH720 | () AT821 | History of Anglo-Orthodox Relations Fr. Chad Hatfield, Chancellor of St. Vladimir's Orthodox Theological Seminary |
| () OT720 | () BE828 | Beginnings: Reading Genesis As Christian Scripture Dr. Joel Lohr, Postdoctoral Fellow, Social Sciences and Humanities Research Council |
| () PM621 | () CD821 | Building Congregations That Thrive Fr. Frank Baltz, Conference Teaching Associate, ACTS 29 Ministries |

ACCOMMODATIONS AND PAYMENT INFORMATION

- Off Campus Accommodations** (*Call early to make your own reservations and ask for the Nashotah House corporate rate. Prices quoted do not include tax*)
- 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 Variable Rate
 - Oconomowoc Olympia Resort – 262.567.0311 \$79/Night
 - Staybridge Suites – 262.200.2900 \$99/Night
 - Hilton Garden Inn Pabst Farms – 262.200.2222 \$79/Night
- Requesting meals for \$90 per person for Breakfast and Lunch (M-F)**

Additional People Ordering Meals: _____
 Dietary or Physical Restrictions: _____

| | |
|------------------------|-----------------|
| 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