

Registration Form

Institute for Adult Spiritual Renewal

Name _____

Address _____

Phone _____ Email _____

Arrival Date _____ Departure Date _____

***Check desired offerings**

_____	#101	Robert Ludwig	\$160
_____	#102	Jack Shea	\$160
_____	#103	Edwina Gately	\$140
_____	#104	Diarmuid O’Murchu	\$200
_____	#105	Camilla Burns	\$200
_____	#106	John Dominic Crossan	\$200

Non-refundable Registration Fee \$75

Total Course Fees/Tuition _____

Single Room & Board @ \$90 per overnight _____

Double Room & Board @ \$75 per overnight _____

Roommate (if applicable) _____

Total Due _____

Total Enclosed _____

Balance Due _____

If all fees are paid in full with registration and before April 17 you may deduct 10% from course fees/tuition.

FOR ANYONE REGISTERING FOR ALL 6 COURSES YOU MAY DEDUCT AN ADDITIONAL \$100 FROM COURSE FEES /TUITION.

Complete form and mail along with check to:

ASR&E, 18947 BURKE ST, SOUTH BEND, IN 46637