

CATHOLIC HEALTH CARE ETHICS: CLINICAL, SOCIAL AND GLOBAL CONCERNS
February 28 – 29, 2008

Full Name/Title: _____

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **E-Mail:** _____

Breakout Sessions:

To be filled on a first-come/first-serve basis (limit 25 attendees per session). Please indicate your preferences by using 1 through 10, one being your first choice.

- | | |
|---|--|
| <input type="checkbox"/> A. End-of-Life Decision Making (2/28 only) | <input type="checkbox"/> G. Doing Ethics Case Consultation |
| <input type="checkbox"/> B. Building a Nursing Ethics Program (2/28 only) | <input type="checkbox"/> H. Ethics Consultation: New Resources & Directions |
| <input type="checkbox"/> C. Catholic Social Teaching (2/28 only) | <input type="checkbox"/> I. Resource Allocation, Ethical Decision-Making |
| <input type="checkbox"/> D. Ethical Consideration fro D.S. (2/29 only) | <input type="checkbox"/> J. An Introduction to the ERDs |
| <input type="checkbox"/> E. Medical Futility (2/29 only) | <input type="checkbox"/> K. Introduction to Moral Theology in Catholic Tradition |
| <input type="checkbox"/> F. Value Based Decision Making (2/29 only) | <input type="checkbox"/> L. Ethical Decision-Making in a Disaster |
| | <input type="checkbox"/> M. History of Health Care Ethics: Foundations of the Future |

Conference Registration Fee: \$300 CHA Members \$350 Non-Members

Dinner Registration fee: \$15 per person

Please indicate if you plan to attend dinner on Thursday, February 28th: Yes No

Method of Payment: Check, VISA, MasterCard, and Discover accepted

Check \$ _____ Number _____
Make checks payable to: Loyola University Chicago (DO NOT send cash)

Credit Card (Please check one): VISA MasterCard Discover

Account Number _____ Expiration Date: _____

Billing Address (if different than above): _____

Do you require shuttle bus service from the Carleton of Oak Park? Yes No

Do you require any special accommodations (dietary, disability, etc.)? Yes No

If yes, please briefly explain: _____

Hotel Registration Information:

A block of guest rooms has been reserved at the Carleton Hotel of Oak Park, 1110 Pleasant Street, Oak Park, IL 60302. To make your reservation, contact the hotel directly at 708-848-5000 or 888-227-5386 to receive the negotiated rate of \$134 for single rooms, \$154 for double rooms. Your reservation must be received by **January 29, 2008**. Be sure to mention **Group #960** when reserving your room. Shuttle bus services will be provided from hotel to conference site.

Mail to: Neiswanger Institute for Bioethics & Health Policy
Loyola University Chicago
2160 South First Avenue, Bldg 120, Rm 280
Maywood, IL 60153

Or fax registration with credit card information to 708-327-9209.