

The 8th Annual Contemporary Catholic Healthcare Ethics Conference October 9, 2009

Full Name/Title: _____

Organization: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

E-Mail: _____

Conference Registration Fee: \$125 CHA Members \$150 Non-Members

Method of Payment: Check or *PLEASE REGISTER ONLINE AT THE CONFERENCE WEB PAGE IF PAYING WITH CREDIT CARD (Visa, MasterCard or Discover) <http://www.bioethics.lumc.edu>*

Check \$ _____ Number _____

Make checks payable to: Loyola University Chicago (DO NOT send cash)

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 have been reserved at the *Carleton 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 \$148 for single rooms and \$168 for king or double rooms. Your reservation must be received by **September 10, 2009**. Be sure to mention **Group #1254** when reserving your room. Shuttle service will be provided from hotel to conference site.

Conference Registration form and payment must be received by September 18, 2009.

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