

**AWAKENING THE SPIRIT Conference Registration Form:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<p><b>Registration Fee</b></p> <p><b>Registration fee includes registration for all conference events, refreshments, lunch, break refreshments and a wine and cheese reception on October 20th.</b></p> <p><input type="checkbox"/> Registration - <b>\$75.00</b></p> <p><input type="checkbox"/> I have limited means and request registration at a reduced rate of \$_____</p> <p>Full scholarships are available for <b>Students</b> until scholarship funds are exhausted.</p> <p><input type="checkbox"/> I apply for a <b>Student scholarship</b> and submit a copy of my student identification</p>	<p>\$_____</p>
<p><b>Laurie Doctor Experiential Workshop:</b></p> <p><b>The 24 places for Laurie Doctor's Workshop have been filled, please add my name to the waiting list: _____</b></p>	
<p><b>Total - Please make checks payable to "ITMS"</b></p>	<p>\$_____</p>
<p><b>Local Hotel Information:</b></p> <p>Special Bellarmine rates are available at the following hotels:          Holiday Inn Express, Louisville Airport/Expo Center 502.456.1411          Brown Hotel (Downtown) 1.800.555.8000</p>	

**Please print and return this form, with check or money order made out to ITMS, to:**  
 Awakening Conference  
 Thomas Merton Center  
 Bellarmine University  
 2001 Newburg Road  
 Louisville, KY 40205