



Beyond Borders Conference

March 19-21, 2010
Conference Registration Form

- Registration is required for participation in Saturday's events and Sunday luncheon only.
- Friday evening and Sunday morning sessions are open to the public.
- Please register ~~by Feb. 28~~ so we can plan for food and meeting space.
Meals are not guaranteed for late registrants. **Deadline extended to March 10.**

Name(s) (please print) _____

Organization/affiliation(s) _____
(church, school, community organization)

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Conference fees:

Please check appropriate lines and return with payment.

- | | |
|---|------|
| <input type="checkbox"/> Regular registration | \$50 |
| <input type="checkbox"/> Low income/student registration | \$20 |
| <input type="checkbox"/> Bluffton University student registration | \$ 0 |

Total payment enclosed \$ _____

We are grateful for the generous financial support of Pathways to Mission and Vocation funded by the Lilly Endowment, Inc., which has helped to keep fees low.

Meals: for planning purposes, please indicate which meals you anticipate taking:

These do not affect your fee. I have indicated special dietary needs on the back.

- | | |
|---|--|
| <input type="checkbox"/> Saturday breakfast | <input type="checkbox"/> Saturday lunch |
| <input type="checkbox"/> Saturday supper | <input type="checkbox"/> Sunday lunch (at Lima Mennonite Church) |

Lodging:

I am a student and would like on-campus lodging with a Bluffton student. (male/female - please circle one)

All others, please visit www.bluffton.edu/beyondborders for a link to local accommodations or contact Carmen Ordoñez Moser at 419-358-5766 for complimentary hospitality offered by local families.

Payment information:

Please check one Check enclosed, payable to Bluffton University Credit card
 Visa MasterCard Discover

Name on card _____

Card number _____

Expiration date _____ CVW number _____ Amount to charge _____
last three numbers from the code on the back of your card

Signature _____ Date _____

Please return this form and payment to:

Susan Collier, Bluffton University, 1 University Drive, Bluffton, OH 45817-2104
or fax to 419-358-3074 to place reservation with credit card payment.