

# Princeton Conference on Emerging Adulthood Registration Form

Preferred title:  Ms.  Miss  Mrs.  Mr.  Rev.  Dr.

Name \_\_\_\_\_  
Last name First name M.I. Badge name (first name only) Denomination

Current position title/profession \_\_\_\_\_

## Mailing address (if using church address, please include church name)

This is my  office address  home address.  This is a new address.

Church/parish (other) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Office phone \_\_\_\_\_ Home phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Male  Female  Laity  Clergy If clergy, year ordained \_\_\_\_\_

PTS alumnus/a Year(s) \_\_\_\_\_ Degree program \_\_\_\_\_  PTS student

If you are a Princeton Seminary graduate, please be sure to include your current email address above or update your information at <http://my.ptsem.edu/ics/Alumni/>.

I heard about the forum from:

Postcard  Web  Advertisement  Word-of-mouth  Other \_\_\_\_\_

## Lodging Information

Arrival date \_\_\_\_\_ Departure date \_\_\_\_\_

I request a single room at the Center of Continuing Education if space is available (\$65 per night; single room, share a bath).

I request a double room at the Center of Continuing Education if space is available (\$85 per night, one double bed

Spouse \_\_\_\_\_

I will commute.

## Course Selection

Select one elective and one alternate in each section. Use numbers assigned in descriptions of electives.

Elective A \_\_\_\_\_ Alternate \_\_\_\_\_

Elective B \_\_\_\_\_ Alternate \_\_\_\_\_

Elective C \_\_\_\_\_ Alternate \_\_\_\_\_

## Payment Information

A \$50 registration fee, which is applied toward the conference fee, must accompany this form. The balance is due April 15, 2009. The total conference fee is \$165. Make checks (U.S. funds only) **payable to Princeton Theological Seminary**. MasterCard and VISA are accepted (complete all credit card information).

Enclosed is payment in the form of  check  VISA  MasterCard

Credit card information:

Payment amount \_\_\_\_\_

Credit card number (Please do not leave spaces between numbers.)														Exp. date			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
														Mo.		Year	
Name as it appears on your credit card (please print) _____																	
Billing address _____																	
Signature _____																	

**Cancellation of registration with a full refund is permitted up to four weeks before the program date. After that, the \$50 registration fee is non-refundable.**