

EVANGELICAL SEMINARY DEANS' COUNCIL (ESDC)

February 5-7, 2009

MEMBER REGISTRATION FORM

REGISTRATION DEADLINE: DECEMBER 15, 2008

IMPORTANT NOTE: Use this form if you are with a Member School (list is available at www.itscourses.org/esdc/). If your institution sends more than one representative (i.e. a non-voting representative from a branch campus), you should register separately but both use this Registration Form. Check the appropriate boxes below.

Name:	Title:	
Institution:		
Address:		
Phone:	Fax:	Email:

Check the appropriate box(es):

- YES**, I will attend the ESDC **as the voting representative from my institution**. I understand that my registration includes the Membership Fee, Member Conference Fee, and Airfare Discount (varies).
- YES**, I will attend the ESDC but **NOT as the voting representative from my institution**. I understand that my registration (with the special Additional Member Conference Fee only) requires that a voting representative from my institution also register and attend.
- My spouse will be attending the Annual Banquet (no additional cost). Spouse's Name: _____
- NO**, I will NOT be attending the ESDC. However, I understand that my institution is responsible for the Annual Membership Fee (\$350) regardless of my attendance at the meeting. Payment is included here.

Payment Items: Check the appropriate box(es) and enter amounts on the right.

- ESDC Annual Membership Fee: \$350 USD** (one per school, not branch)
- Member Conference Fee: \$150 USD** (includes all sessions and the ITS Annual Banquet)
- Airfare Discount** (only available to voting representatives)
(Based on location: See www.ITScourses.org/esdc/airfare.php to determine your discount.)
- Additional Member Conference Fee: \$150 USD** (Use this conference fee only if you are attending with another representative from your institution, and he/she has registered as the voting representative.)

Payment Information:

Total Payment:

Payment Method: (check one) ___ Visa ___ Master Card ___ Discover ___ American Express ___ Check

Credit Card Number: _____ **Exp. Date:** _____

Name on card: _____ **Verification Code:** _____

Billing address (if different from above): _____

Signature: _____

HOTEL RESERVATIONS: You must make your room reservations directly with the Sheraton Dallas Hotel. Call 888-627-8191, and ask for the Institute of Theological Studies room rate (all executive suites): \$159 (single), \$169 (double). The deadline to make your reservations is **January 6, 2009**.

Mail or Fax Registration Form to:

Institute of Theological Studies (Attn: ESDC)
3140 3 Mile Road, NE • Grand Rapids, MI 49525-3165