

Registration

Please make checks payable to Lawrence University-Björklunden, and mail to Björklunden Seminars, PO Box 10, Baileys Harbor, WI 54202.

Name #1 _____

(Please print name exactly as you'd like it for a name tag.)

Name #2 _____

E-mail address _____

- resident
- commuter
- houseguest

- resident
- commuter
- houseguest

Winter address as of (date) / / _____

City _____ State _____ Zip _____

Daytime phone _____ Evening phone _____

Summer address as of (date) / / _____

City _____ State _____ Zip _____

Daytime phone _____ Evening phone _____

Residents and commuters, please register me/us for these seminar(s):

1 _____

2 _____

3 _____

Houseguests: When would you like to be a house guest at Björklunden? _____

Residents and houseguests (All rooms have private bath.)

- I require a single room (available on a limited basis).
- I/We require first-floor accommodations (handicapped accessible).

I would like to share a room with: _____

Enclosed is deposit of \$ _____

Enclosed is full amount of \$ _____

In addition, I would like to support Björklunden with a tax-deductible gift of \$ _____

Please charge full payment to MasterCard Visa American Express Discover

Account # _____ Expires _____

3-digit security code on back of card _____

Signature _____

Do you have a friend who would like information about the seminars? Please print name and mailing address below. Thank you!
