

Registration

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

Name #1 _____
(Please print name exactly as you'd like it for a name tag.)

- resident
 commuter
 house guest

Name #2 _____

- resident
 commuter
 house guest

E-mail address _____

Winter address as of (dates) / / _____

City _____ State _____ Zip _____

Daytime phone _____ Evening phone _____

Summer address as of (dates) / / _____

City _____ State _____ Zip _____

Daytime phone _____ Evening phone _____

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

1 _____

2 _____

3 _____

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

Residents and House Guests (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: _____

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

Enclosed is deposit of \$ _____

Enclosed is full amount of \$ _____

Please charge full payment to MasterCard Visa American Express Discover

Account # _____ Expires / _____

Signature _____

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