

REGISTRATION FORM

The registration fee of \$1600 (\$800 for students, medical residents, or members of the clergy or religious) includes conference materials, lunches, and dinners on the days of the conference, a welcome reception on Sunday, March 7, 2010, and refreshments throughout the conference. Please indicate if you are a student/resident/clergy/religious on the "Title" line below. A deposit equal to half the registration fee is due with your reservation application. You may pay by check or Visa/MasterCard/American Express/Discover credit card. Please make checks payable to: Anthony Travel, Inc.

Online registration is available at <http://anthonytravel.com>.

General Information (Please print)

Name _____

Name tag preference _____

Address _____

City _____ State _____ Zip _____

Business telephone _____ E-mail address _____

Notre Dame class years (if applicable) _____

Attended previous conference(s)? Yes _____ No _____

Affiliation _____

Title _____

Medical or academic specialty _____

Do you want your name and address to appear on the roster? Yes No

Do you want your e-mail address to appear on the roster? Yes No

Dietary Restrictions _____

Please call me to discuss extension trips to Florence and/or Venice. Yes No

Please call me to discuss my/our air options Yes No

Please schedule a tour of the Scavi for the following members of my party (Please print full names):

Please indicate your hotel reservations:

Hotel Tiziano: 5 nights 8 nights

Single Double

Hotel Torre Argentina 5 nights 8 nights

Single Double

Conference Dinner Package (dinners on March 12-13, 2010) for spouse/guests

\$200 x _____ persons = \$ _____

City Tour Option

\$365 x _____ persons = \$ _____

Payment

Credit Card # _____

Exp. date _____

Cardholder Signature _____

CVV# _____

Please mail or fax this form together with your payment to:

Anthony Travel, Inc.

c/o Yvonne Noell

LaFortune Student Center

P.O. Box 1086

Notre Dame, IN 46556-1086

Fax (574)631-1998