

"Your Next Step in Mission"

Overseas Ministries Study Center

490 Prospect Street, New Haven, CT 06511, USA

(203) 624-6672, ext. 315 Fax: (203) 865-2857

E-mail: study@OMSC.org

JANUARY 2009 STUDENT SEMINARS ON WORLD MISSION

REGISTRATION

PLEASE PRINT (Husband and wife use separate forms)

Mr. Mrs. Ms. Dr. Rev. _____

Male Female

(Family name) (First name) (Middle name)

Current address _____

Telephone _____ E-mail _____

Address and telephone during December and January, if different from above _____

Nationality _____ Seminary or other organization _____

Position: Student Layperson Pastor Missionary Missions professor Other _____

Weeks 1 & 2 at Mercy Center, Madison, Conn. · Over for Weeks 3 & 4

REGISTRATION FEE (PAY IN ADVANCE)

CHECK THE WEEKS YOU PLAN TO ATTEND	SELECT CATEGORY THAT APPLIES AND CALCULATE TOTAL REGISTRATION FEE	
<input type="radio"/> Week 1, January 5–9, 2009	<input type="radio"/> Students from cosponsoring schools Number of weeks () X \$90 =	\$ _____
<input type="radio"/> Week 2, January 12–16, 2009	<input type="radio"/> All others Number of weeks () X \$145 =	\$ _____

LODGING AND MEALS PACKAGE (PAY ON ARRIVAL)

Rates based on double occupancy; no refunds for nights or meals skipped. Charges for weeks 1 & 2 at Mercy Center include meals.

Calculate your charges:			
<input type="radio"/> Week 1: Room and meals, 4 nights, 12 meals	\$195	<input type="radio"/> Sunday night supplement, January 4–5: Room plus Monday breakfast and lunch at Mercy Center	\$45
<input type="radio"/> Week 2: Room and meals, 4 nights, 12 meals	\$195	<input type="radio"/> Weekend supplement, January 9–12: Room plus Friday dinner to Monday lunch at Mercy Center	\$140
<input type="radio"/> Commuters, Week 1: 4 lunches plus breaks at Mercy Center	\$55	<input type="radio"/> Sunday night supplement, January 11–12: Room plus Monday breakfast and lunch at Mercy Center	\$45
<input type="radio"/> Commuters, Week 2: 4 lunches plus breaks at Mercy Center	\$55	SUBTOTAL FOR WEEKS 1 & 2 \$ _____	
Over to complete registration Registration for first two weeks due by December 1, 2008			

See seminar details and a printable copy of this form at www.OMSC.org/january.html

Weeks 3 & 4 at OMSC, New Haven, Conn. · Over for Weeks 1 & 2

REGISTRATION FEE (PAY IN ADVANCE)

CHECK THE WEEKS YOU PLAN TO ATTEND	SELECT CATEGORY THAT APPLIES AND CALCULATE TOTAL REGISTRATION FEE	
<input type="radio"/> Week 3, January 19–23, 2009	<input type="radio"/> Students from cosponsoring schools Number of weeks () X \$90 =	\$ _____
	<input type="radio"/> All others Number of weeks () X \$145 =	\$ _____
<input type="radio"/> Week 4, Jan. 26–30, 2009		

LODGING PACKAGE (PAY ON ARRIVAL)

Rates based on double occupancy; no refunds for nights or meals skipped. Charges for weeks 3 & 4 at OMSC do not include weekend meals.

Calculate your charges:

<input type="radio"/> Week 3: Room and meals, 4 nights, 12 meals	\$195	<input type="radio"/> Weekend supplement, January 16–19: Room only; meals on your own	\$105
<input type="radio"/> Week 4: Room and meals, 4 nights, 12 meals	\$195	<input type="radio"/> Weekend supplement, January 23–26: Room only; meals on your own	\$105
SUBTOTAL FOR WEEKS 3 & 4			\$ _____

PAYMENT INFORMATION AND SIGNATURE

Each week in attendance earns 1.6 Continuing Education Units (CEUs).	<input type="radio"/> I have enclosed a check, payable to OMSC. <input type="radio"/> Charge my <input type="radio"/> VISA or <input type="radio"/> MasterCard Card number: _____ Expires _____ <input type="radio"/> Check here if your school will pay for your accommodation. In this case, a bill will be sent to your school in January.
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TOTAL TO BE PAID TO OMSC UPON ARRIVAL

\$ _____

****Be sure to make a photocopy of this form for your records****

Expected arrival date _____ Expected departure date _____

Arriving by: Plane (Airport _____ Flight _____) Limo Train Car Expected arrival time _____
 AM PM

SIGNATURE _____ **DATE** _____

- **REGISTRATION DEADLINE:** To register for the first two weeks, please return this completed form with your registration fee by December 1, 2008, to: Registrar, OMSC, 490 Prospect Street, New Haven, CT 06511.
- **REFUND POLICY:** Cancellation *received* no later than December 8, 2008, will result in 75% refund; cancellation received after December 8, 2008, no refund.