

**THEY WILL BE  
DONE ON EARTH:**  
*Good News in Deed and Word*

**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 2008 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 7–11, 2008	<input type="radio"/> Students from cosponsoring schools Number of weeks ( ) X \$90 =	\$ _____
<input type="radio"/> Week 2, January 14–18, 2008	<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"/> Sunday night supplement, January 6–7: Room plus Monday breakfast and lunch at Mercy Center			\$35
<input type="radio"/> Week 1: Room and meals, 4 nights, 12 meals	\$185	<input type="radio"/> Weekend supplement, January 11–14: Room plus Friday dinner to Monday lunch at Mercy Center	\$125
<input type="radio"/> Week 2: Room and meals, 4 nights, 12 meals	\$185	<input type="radio"/> Sunday night supplement, January 13–14: Room plus Monday breakfast and lunch at Mercy Center	\$35
<input type="radio"/> Commuters, Week 1: 4 lunches at Mercy Center	\$45	<b>SUBTOTAL FOR WEEKS 1 &amp; 2</b> \$ _____	
<input type="radio"/> Commuters, Week 2: 4 lunches at Mercy Center	\$45	<b>Over to complete registration Registration for first two weeks due by December 1, 2007</b>	

See seminar details and a printable copy of this form at [www.OMSC.org/january.html](http://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"/> <b>Week 3, January 21–25, 2008</b>  <input type="radio"/> <b>Week 4, Jan. 28–Feb. 1, 2008</b>	<input type="radio"/> Students from cosponsoring schools Number of weeks (        ) X \$90 =	\$ _____
	<input type="radio"/> All others Number of weeks (        ) X \$145 =	\$ _____

### 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.

<b>Calculate your charges:</b>			
<input type="radio"/> <b>Week 3:</b> Room and meals, 4 nights, 12 meals	<b>\$185</b>	<input type="radio"/> Weekend supplement, January 18–21: Room only; meals on your own	<b>\$90</b>
<input type="radio"/> <b>Week 4:</b> Room and meals, 4 nights, 12 meals	<b>\$185</b>	<input type="radio"/> Weekend supplement, January 25–28: Room only; meals on your own	<b>\$90</b>
<b>SUBTOTAL FOR WEEKS 3 &amp; 4</b>			\$ _____

### 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.
--	--

### 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, 2007, to: Registrar, OMSC, 490 Prospect Street, New Haven, CT 06511.
- REFUND POLICY:** Cancellation *received* no later than December 7, 2007, will result in 75% refund; cancellation received after December 7, 2007, no refund.