



Registration Form

Name/Title/Position: 1. _____ (Contact person)
2. _____
3. _____

College/University/Institution: _____

Mailing address: _____
_____ fax: _____

Phone and email: _____

1. Please indicate preference for roommate: _____
(Rooms are double occupancy)

2. Do you have any special needs we should be aware of, e.g. dietary? Please indicate:

3. Give a brief description of service learning programs, if any, presently in use at your school:

Average number of student participants: _____

Do students receive academic credit for any of these programs? _____

____ Yes, I will bring materials about our programs for the resource room.

Please FAX completed form to 574-631-4171

or send to Sue Cunningham, Box 766, Notre Dame, IN 46556-0766 by October 4th

**Conference will begin with a dinner on Friday, Nov. 5 at 5pm and conclude with brunch on Sunday at noon.*