

Thomas Carlyle Resartus
Reappraising Carlyle for Our Times
2007 Carlyle Studies Conference
REGISTRATION FORM

Name: _____

Title: _____

Institutional Affiliation: _____

Address: _____

City/State: _____

Zip Code: _____

Phone: _____

Email Address: _____

Suite-Mate Preference: _____

Arrival/Departure Dates: _____

Special Needs (Dietary/Wheelchair access, etc.): _____

Lodging:

| | | |
|--|-------------------|---------|
| 2-Bedroom apt (with 2 baths), single occupancy in a bdrm | per person | \$50.00 |
| 4-Bedroom apt (with 2 baths), single occupancy each bdrm | per person | \$45.00 |
| 2-Bedroom apt (with 2 baths), double occupancy in a bdrm | per person | \$37.00 |

Fees:

| | | |
|---------------------------------------|---------|-------|
| Conference Fee | \$75.00 | _____ |
| Banquet Fee (Thursday night) | \$20.00 | _____ |
| Lodging (see above for nightly rates) | | _____ |

TOTAL _____

Please make checks payable to Villanova University.

The registration form, along with a check, should be sent to:
 Dr. Marylu Hill, Assistant Director
 Villanova Center for Liberal Education
 Rm. 104, SAC
 Villanova University
 Villanova, PA 19085