

**Registration Form for Classical Studies and the Jesuit Educational Tradition, 27-29 April 2012
Loyola University Chicago, Department of Classical Studies**

NAME: _____

TITLE: _____

ACADEMIC AFFILIATION: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: _____

CONFERENCE FEE (includes opening night reception Friday, luncheon Saturday, and breakfast Sunday)

Conference participants: FREE

Non-student attendees: \$10 through 13 April

\$15 after 13 April and in-person

Student attendees: \$5 through 13 April

\$10 after 13 April and in-person

SATURDAY EVENING DINNER

Conference participants: FREE

Non-student attendees: \$25

Student attendees: \$20

TOTAL

CHECK NUMBER: _____

Please print this Registration Form and send it with your check (made out to the Department of Classical Studies, Loyola University Chicago) to:

**Ms. Abigail Schmidt
Department of Classical Studies
Loyola University Chicago
Crown Center for the Humanities, 581
1032 West Sheridan Road
Chicago, IL 60660**