

**Registration Form**  
**Oriente Lumen XII North**  
**Detroit, MI**  
**July 7-10, 2008**



Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Conference Fee  
(\$200 Full, \$150 monastic/student, OR \$100/day) \$ \_\_\_\_\_

Accommodations for \_\_\_\_\_ nights  
(\$60/night, per person) \$ \_\_\_\_\_

TOTAL FEE ENCLOSED (USD) \$ \_\_\_\_\_

I will arrive on \_\_\_\_\_

I will depart on \_\_\_\_\_

Credit Card # \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_

Please Mail or Fax this complete registration form with payment to:

**Oriente Lumen Conference**  
**PO Box 192**  
**Fairfax, VA 22038-0192**

**(Make Checks payable to: Oriente Lumen Conference)**

-- or --

**Fax form to 703-691-0513**