

Registration Fee: \$315

(Includes accommodation [double/triple occupancy only] & meals from September 17 until 21, boating excursion in Chicago and ground transportation to and from O'Hare [ORD] Airport)

*Registration is on a 'First-come First-serve' basis. There is limited room space available at Olcott, any overflow participants will be housed at the nearby Holiday Inn Hotel. **Single occupancy** at the hotel has an additional charge of \$45 per night. Free shuttle to and from Olcott will be provided.*

Pre-Register: By April 30, 2008 with a \$100 deposit to secure your place.

Early-bird special: \$30 Olcott credit - Registrations with full payment of \$315 by April 30, 2008 will receive a \$30 Olcott credit toward extended stay for room/meals. All registrations are to be paid in full by September 1st, 2008. Any cancellations after this date will result in a refund of \$265.00 only. (\$50 will be non-refundable after September 1st, 2008.

Extended stay at Olcott for participants after September 21st '08 (Limited to 2 days):

a) ***Accommodation at Olcott: \$15 per day (per person), double/triple occupancy only**

b) **Meals:** Breakfast: \$3
Lunch & Dinner: \$6 each

**Anyone lodging at the hotel during this extended stay will have the option of extra meals at Olcott at the same rate, but would have to make direct payment to the hotel for extra nights accommodations. A special daily rate of \$98.79 (including all taxes) has been arranged for this period. (Room may be shared by up to 4 people at this price.)*

Hotel reservations will be made by the TSA, but we must know your exact arrival and departure times. We must have your credit card information to confirm your extended stay.

Payment Options: Please select an option. Call 1-630-668-1571 ext: 320 for further assistance.

1. **Credit Card:** *(Please Specify)* MasterCard Visa Discover
(Debit cards not accepted)

Credit Card #: _____ **Exp. Date:** _____

3-digit Verification Code *(Located on the back of the card):* _____

Authorized name on card: _____
(Please Print) *First* *Middle* *Last*

Authorized persons signature: _____

2. **Via Phone @ Call 1-630-668-1571 ext: 320**

3. **Via Fax to 1-630-668-4976; Attn: Registrar, The Theosophical Society in America**

4. **Via Postal service to:** Registrar
Theosophical Society in America
P.O. Box 270
Wheaton, IL 60189-0270, U.S.A