

Lilly Fellows Program in Humanities and the Arts  
**National Conference – September 30-October 2, 2005**  
**Registration Form**

Name: \_\_\_\_\_ Preferred Name for Badge: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Departmental or Program

Affiliation: \_\_\_\_\_

Academic disciplinary interest or research area(s): \_\_\_\_\_

Please specify any dietary or other special needs: \_\_\_\_\_

**This will be the first time I have attended an LFP national conference:**     **Yes**

► **HOTEL ACCOMMODATIONS** *We will book a room in your name. Please mark the dates you will need overnight accommodations for:*

Thursday, September 29     Friday, September 30     Saturday, October 1

Single Rooms are available on a first-come, first-served basis. The supplement for a single room is \$50 per night, payable in advance to the College of the Holy Cross. Receipt of advance payment is necessary to secure single room reservations.

*Please indicate your preference:*     Non-smoking room     Smoking room     No preference

► **SATURDAY CONCERT:** Please indicate whether you would like to reserve a ticket for the Saturday evening concert (See press release for details):     **Yes, I would.**

► **TRAVEL ARRANGEMENTS** *Please select one of the following travel options:*

I plan to fly and take a limousine service to Worcester. I will need transportation between the Crowne Plaza Hotel and College of the Holy Cross.

I will be driving to College of the Holy Cross from my campus or in a rental car from an airport.

**Reservations must be received at Holy Cross no later than September 7, 2005.**

*Please mail this form in the enclosed envelope to:*

**Thomas M. Landy, Ph.D.**  
**Center for Religion, Ethics and Culture**  
**College of the Holy Cross**  
**One College Street**  
**Worcester, MA 01610**  
**Telephone: 508-793-3723**  
**Fax: 508-793-3859**

**LFP2005@holycross.edu**