

Registration Form

Cabrini Leadership Conference

Desmond Hotel and Conference Center
Monday, April 30 – Tuesday, May 1, 2007
Check-in anytime after 3:00 p.m. Monday

Name: _____ Institution Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

___ Full guest package w/**single** overnight guest room - \$280
(includes meetings, all meals and single overnight guest room)

___ Full guest package w/**double** overnight guest room - \$210
(includes meetings, all meals and double overnight guest room)

_ Sharing room with _____

If you need to reserve an overnight guest room, at an additional fee, for any extra night(s) please indicate under "Special Needs." Also, check the following special needs should they pertain to you:

_____ **Lower bed (If you are unable to use canopy bed with a stool, register for a room with double beds which will be billed at **single rate**.)

_____ Need room near elevator

Other Special Needs: _____

The billing will be handled in the following manner: You will be given a credit card authorization form for the Desmond Hotel. On it, you will be asked to list the credit card information and the list of those who will be paid for on that card. When you check in, you will also be asked to present your personal credit card for incidentals.

Please return this form no later than **April 13** to the Province Formation Office by fax at 610-971-0396, email Cabriniformation@aol.com, or mail to:

*Province Formation Office
Cabrini College – Mansion 2nd Floor
610 King of Prussia Road
Radnor, PA 19087*

[If cancellations are not made prior to April 23, your credit card will be charged accordingly.](#)