

**“Polanyi’s Personal Knowledge At Fifty”
June 13-15 Loyola University, Chicago
Conference Registration Form***

Name:	Email:
Street Address:	Phone (day): Phone(evening):
City, State: ZIP/Postal Code: Country:	Date of Arrival: Date of Departure: <small>(Limited accommodations are available before and after the conference)</small>

	Registration Before April 15	
	Cost per person	Total Paid
Full Registration(incl. banquet & coffee breaks)	\$125	\$
Friday only	\$30	\$
Saturday only (excluding banquet)	\$40	\$
Saturday only (including banquet)	\$100	\$
Sunday only	\$30	\$
Late Registration Fee	\$25	\$
Total Registration		\$

_____ I wish to apply for a student registration waiver.

		Room
Check desired dormitory accommodation: _____ Room (double occupancy): \$60/day _____ Room (single): \$80/day	If you elect for double occupancy, please indicate either the name of your roommate or that you wish to be assigned a roommate. Name of Roommate: _____ Please Assign	
Total number of nights in residence: _____ x room rate _____	Subtotal (room) _____	

	Board	
	Cost per person	Total Paid
Meal Card (Fri. dinner, Sat. breakfast and lunch, Sun. breakfast and lunch)	\$50	\$
Individual Meals in lieu of meal card	\$10	\$
Banquet ONLY (Saturday)	\$60	\$

Choice for Saturday night banquet: _____beef _____ chicken _____ vegetarian

Trip on public transportation to Regenstein Library for Polanyi Archives--Leave Friday at 11a.m. _____yes _____ no

* Please complete this form and return it (1) via US Mail to Phil Mullins, HPG, MWSU, St. Joseph, MO 64507, (2) via fax to (816) 271-5680 or (3) save the completed form and e-mail as an attachment to mullins@missouriwestern.edu . Checks should be made to the Polanyi Society. Credit cards, except American Express, can be used for pre-registration. Supply the following: exact name on the card _____; card expiration date _____; card number _____.

Donations to defray the cost of this conference are welcome.