

The Institute for the Study of Religions and Cultures with the Cardinal Bea Centre for Judaic Studies

in collaboration with Georgetown University, Washington, DC The Cardinal Bernardin Center at Catholic Theological Union, Chicago The Center for Christian-Jewish Learning at Boston College Sacred Heart University, Fairfield, Connecticut

Nostra Aetate Today: Reflections 40 Years after Its Call for a New Era of Interreligious Relationships

25-28 September 2005 Pontifical Gregorian University Piazza della Pilotta, 4 – 00187 Rome – Italy

www.unigre.it/naetate

REGISTRATION FORM

Family Name	Im	Given Name(s)	
Institution/Organizat	ion		
Address	y rai	6	
City	State/Country		Zip/Postal Code
Tel	Fax	E-mail	
REGISTRATION FEES			
Euro 120,00	Full conference attendance including dinner		
Euro 90,00	Full conference attend	ance	

Euro 90,00	Full conference attendance
Euro 30,00	1-day conference attendance
Euro 60,00	Full conference attendance (students concessions)
Euro 35,00	Conference dinner on 28 September

Please Fax or Post a completed <u>Registration Form</u> and a <u>Payment Form</u> for each person to:

Peregrinatio ad Petri Sedem, Piazza Pio XII, 4 – 00120 Vatican City Tel.: +39 06 6988 4896 Fax: +39 06 6988 5617 E-mail: <u>accoglienza@peregrinatio.va</u>

- If you wish *Peregrinatio* to arrange your accommodation and bus service, please complete the <u>Accommodation Booking Form</u> as well.
- Requests for the limited number of moderately priced rooms available through *Peregrinatio* will be dealt with in order of receipt. Therefore, please send the <u>Accommodation Booking Form</u> as early as possible if you wish to take advantage of this option.
- N.B. During Plenary Sessions simultaneous English and Italian translations will be available.

NOSTRA AETATE TODAY ACCOMMODATION BOOKING FORM

Name		Family nar	ne	
Address:				
			untry:	
			x:	
Tel.:			11.:	
(Please indicate the	e country code)			
TYPE OF ROOM PREFE	ERRED: Single	Γ	Double	□ Triple
<u>Name(s) of Person(s</u> the room with you:) SHARING			
	1) NAME:	FA	MILY NAME:	
	2) NAME:	FA	MILY NAME:	
REQUIRED SERVIC				
Friday Saturday Sunday Monday Tuesday Wednesday Thursday I require two-way	23 September 2005 24 September 2005 25 September 2005 26 September 2005 27 September 2005 28 September 2005 29 September 2005 ian meals y shuttle service between p	 Bed and Brea 	kfast kfast kfast kfast kfast kfast	
Date: / /2	-		onfirmation of accommodati	on
			Signature	
	<u>Cost o</u>	of Lodging and B	<u>us Service</u>	
Bed and Breakfast in	double or triple room (mult single room double room (single occupa	/	Euro 40,00 Euro 56,00 Euro 66,00 Euro 16,00	

*Transport:

A shuttle service to conference site from place of lodging at the beginning of each day's session and return trip in the evening will be available <u>if a sufficient number of guests request it in advance</u>. The cost is Euro 82,50 per person to cover the four days of the conference.

Administrative Requirements

Deposit: A non-refundable deposit of \in 40,00 per person is required to confirm the reservation for lodging. Please send all completed forms with your deposit.

Balance: The balance for lodging is payable ten (10) days before arrival in Rome.

Cancellations: Cancellations of reservations must be received at least 72 hours prior to scheduled arrival in Rome in order to be eligible for refund of the balance paid.

NOSTRA AETATE TODAY

PAYMENT FORM

The Undersigned:

Pays for:

Registration Fees		
Full conference attendance including dinner	Euro 120,00	
Full conference attendance	Euro 90,00	
1-day conference attendance	Euro 30,00	
Full conference attendance (students concessions)	Euro 60,00	
Conference dinner on 28 September	Euro 35,00	
Non-refundable deposit for lodging	Euro 40,00	
Total		

Balance for lodging is payable ten (10) days before arrival in Rome.

MODE OF PAYMENT:

CREDIT CA	<u>RD</u> : UVISA		D/EUROCARI	D DAN	IERICAN E	XPRESS
Number:				Expiry	date: DD M M	
Tel.:		Fax.:				-
Email:						-
Signature:			Date:	/	/2005	
<u>BANK TRAN</u>	SFER ADDRESS	<u>SED TO</u> : PEREGRINATIO	O AD PETRI S	SEDEM		
C/O: UNICREDIT AG. N. 15 Via della Conciliazione 6 - 00193 Rome, Italy Swift ID#: UNCRITB1715						
Bank details:	ABI: 02008 Account Number CIN: L	CIN Eu CAB: (: 000004036657 02008 03215 00000	03215			

N.B.: Please send the document of the payment by fax to: (+39) 06 6988 5617.