



TheoProbe XXVI

MAIL TO

TheoProbe, Luther Seminary
2481 Como Avenue, St. Paul, MN 55108

ONLINE

www.luthersem.edu/lifelong_learning/kairos

QUESTIONS

Call KAIROS 651-641-3416
email kairos@luthersem.edu

Full Name _____ Clergy _____ Rostered Lay _____ Lay _____

Name you prefer on your nametag _____

Address _____ Home _____ Work _____

City _____ State _____ Zip _____

Home Phone _____ Office Phone _____

E-mail _____ Congregation _____

COST

Per Person: *tuition, room, breakfast, dinner*

Single - \$1050 Triple - \$625
Double - \$725 Quad - \$575

If you request a triple or quad room and it does not fill, you will be asked to pay based on the actual number of people in the room.

Commuter rate: \$200 (no meals)

Children ages 12-17

Double: \$595 Triple: \$495 Quad: \$450

Roommate preference(s) _____

PAYMENT

My tuition payment of _____ is enclosed.
(Payable to TheoProbe, participant's name and course date on check.)

OR CHARGE TO

Mastercard Visa

Card # _____ Exp. Date _____

Signature _____

OFFICE USE ONLY

AMOUNT _____ DATE _____

CONFIRMATION _____ AMOUNT DUE _____

