

Reservation Form for Activities at the 20th Annual Medical Ethics Conference

Name: _____

Email: _____

Telephone: _____

Credit Card Information:

Billing Address: _____

Kind of Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

I would like to reserve a place in the following activities. (Be sure to specify the number of persons for whom you would like to reserve places and the price range of the ticket you would like to purchase):

1) Walking Tours in London:

2) Bus Trips to Sights Outside London:

3) Theatrical and Musical Events in London:

Please Fax this sheet to Katie at 574.631.6290 or mail it to the Center for Ethics and Culture as soon as possible, or send us the information by email at freddoso.4@nd.edu.