

**UNITED THEOLOGICAL SEMINARY  
OF THE TWIN CITIES**

**REFLECTIONS ON END-OF-LIFE CHOICES  
JAMES B. NELSON  
MONDAY, APRIL 23  
7:30 PM**

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_  
Address \_\_\_\_\_ (evening) \_\_\_\_\_  
City/St/Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
\_\_\_\_\_ Clergy \_\_\_\_\_ Laity \_\_\_\_\_ UTS Student

**GUESTS**

**GUEST #1 (self)**  
Full name \_\_\_\_\_

**GUEST #2**  
Full name \_\_\_\_\_  
E-mail (optional) \_\_\_\_\_

**GUEST #3**  
Full name \_\_\_\_\_  
E-mail (optional) \_\_\_\_\_

**GUEST #4**  
Full name \_\_\_\_\_  
E-mail (optional) \_\_\_\_\_

**GUEST #5**  
Full name \_\_\_\_\_  
E-mail (optional) \_\_\_\_\_

*\*If you have additional guests, please use the back of this form to add their names.*

Total of General Price Guests \_\_\_\_\_ (\$10)  
Total of Seminary Students \_\_\_\_\_ (\$0)  
Total Enclosed \$ \_\_\_\_\_  
**Make checks payable to UTS.**

**Please return completed form or direct questions to:**  
Renee K. Flesner  
3000 Fifth Street Northwest  
New Brighton, MN 55112-2598  
651.255.6138 or rflesner@unitedseminary.edu

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover  
Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiration date \_\_\_\_ / \_\_\_\_  
Signature \_\_\_\_\_  
Please print your name as it appears on the card  
\_\_\_\_\_