

The 7th Annual Conference on Contemporary Catholic Healthcare Ethics
October 9-10, 2008

Full Name/Title: _____

Organization: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

E-Mail: _____

Breakout Sessions:

To be filled on a first-come/first-serve basis (limit 25 attendees per session). Please indicate your preferences by using 1 through 11, one being your first choice.

- ___ A. Distinctiveness of Cath Hlth Care (10/9 only)
- ___ B. Nutrition, Hydration & Hlth Care (10/10 only)
- ___ C. Moral Distress in Nursing Care (10/10 only)
- ___ D. Med Futility, Prof Integrity, Pt Autonomy
- ___ E. Haunting Ethics Cases: Pts you never forget
- ___ F. Ethical Challenges of DNR Orders

- ___ G. Informed Consent: Basic, Misunderstood & Problematic
- ___ H. Moral Management of Errors in Healthcare
- ___ I. Palliative Care Approaches in Advanced Chronic Disease
- ___ J. A Short Walk Through the ERDs
- ___ K. Catholic Social Teaching

Conference Registration Fee:

\$300 CHA Members

\$350 Non-Members

Please indicate if you plan to attend the **Reception on Thursday, October 9th at 4:00pm?** Yes No

Method of Payment: Check

PLEASE REGISTER ONLINE IF PAYING WITH CREDIT CARD (Visa, MasterCard or Discover)

Check \$ _____ Number _____

Make checks payable to: **Loyola University Chicago** (DO NOT send cash)

Do you require shuttle bus service from the Carleton of Oak Park? Yes No

Do you require any special accommodations (dietary, disability, etc.)? Yes No

If yes, please briefly explain: _____

Hotel Registration Information:

A block of guest rooms has been reserved at the Carleton Hotel of Oak Park, 1110 Pleasant Street, Oak Park, IL 60302. To make your reservation, contact the hotel directly at 708-848-5000 or 888-227-5386 to receive the negotiated rate of \$140 for single rooms, \$160 for double rooms. Your reservation must be received by **September 10, 2008**. Be sure to mention **Group #1049** when reserving your room. Shuttle bus services will be provided from hotel to conference site.

Mail to: **Neiswanger Institute for Bioethics & Health Policy, Loyola University Chicago**
2160 South First Avenue, Bldg 120, Rm 280, Maywood, IL 60153

Or **fax** registration with credit card information to **708-327-9209**.