

## Small Church Leadership Institute 2010

At Mount Sequoyah

Program, Meal & Lodging Reservations

**November 14-18, 2010**

*Only one person per registration form*

### Registration Contact Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_ I prefer email communications \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact: Full Name \_\_\_\_\_ Phone: \_\_\_\_\_

Organization/Church \_\_\_\_\_ Conference \_\_\_\_\_  
 Circle Best Description  Bishop  DS  Dr.  Rev  Mr  Ms.  Laity

### Roommate Information

Roommate list Below  \*Assign a roommate

Roommate Request \_\_\_\_\_

### Special Needs

Handicap Access  Vegetarian  Diabetic  Gluten-Free

Please provide your access needs: \_\_\_\_\_

\*With other dietary needs, please provide the main components of your meal (we can refrigerate for you), and supplement from our buffet line and salad bar.

**Mail your registration to:** For Questions call: (800) 760-8126 (479) 443-4531

Mount Sequoyah Conference and Retreat Center  
 150 NW Skyline Drive  
 Fayetteville, AR 72701

**Fax or E-Mail your registration to:** (479) 443-4569 Attn: Registrar  
 registration@mountsequoyah.org

### Cancellation Policy

All cancellations are subject to a \$30 cancellation fee. *This fee is non-refundable and non-transferable.* If your reservation is cancelled **within 7 days** of the event date, Mount Sequoyah has the right to retain the full amount of the reservation. Prior to the 7 days, your remaining balance when requested will be refunded.

## Reservations

### Program & Meal Cost

*Cost includes Programming, 4 Nights (Sunday-Wednesday) and 11 meals, Sunday dinner through Thursday Breakfast*

Arrival Date \_\_\_\_\_ Time \_\_\_\_\_

Departure Date \_\_\_\_\_ Time \_\_\_\_\_

I will arrive after 8:00 p.m. The office closes at 8:00 pm. Please call (479) 443-4531 to arrange for an after-hours check-in or if you are delayed.

*PLEASE NOTE: Fees cannot be prorated.*

#### Registration (Program Cost & 11 Meals)

Before Oct 18th \$178.50 per person  
 After Oct 18th \$188.50 per person

\$ \_\_\_\_\_

#### Commuters (Program Cost & 3 Lunches)

Before Feb 15th \$130.50 per person  
 After Feb 15th \$140.50 per person

\$ \_\_\_\_\_

### Lodging Cost

*Cost includes 4 nights, Sunday Night thru Wednesday Night*

Single Occupancy Room, Private Bath \$240.00 per person

\$ \_\_\_\_\_

Extra Night Sunday + Breakfast \$ 67.50 per person

\$ \_\_\_\_\_

Double Occupancy Room, Private Bath \$160.00 per person

\$ \_\_\_\_\_

Extra Night Sunday + Breakfast \$ 47.50 per person

\$ \_\_\_\_\_

Processing Fee \$ 10.00

## Payment of Fees

**Total** \$ \_\_\_\_\_

*A Check or Credit Card must accompany your Registration Form  
 (Credit card will be processed 1 Week prior to arrival)*

**WE DO NOT DIRECT BILL, ALL FEES MUST BE PAID IN FULL UPON ARRIVAL**

### Method of Payment

I am paying in full with the enclosed check

**OR**

I am paying in full with the credit card information

Master Card  Visa  Discover



Credit Card # \_\_\_\_\_

Exp. date \_\_\_\_\_

V- Code \_\_\_\_\_

Name as it appears on the credit card \_\_\_\_\_

(last 3 digits on the back of the card)

Signature \_\_\_\_\_

If Credit Card Billing Address is different than address listed to the left.

|         |       |     |
|---------|-------|-----|
| Address |       |     |
| City    | State | Zip |

| FOR OFFICE USE ONLY |              |
|---------------------|--------------|
| Check Number        | Check Amount |
| Check Name          |              |