

Parish/Faith Community Nursing & Health Advocate

Basic Preparation Course

At Mount Sequoyah

Lodging & Meals Registration

November 8-12, 2010

Registration Contact Information

- Male
 Female

Last Name _____ First Name _____

() _____ () _____
Home Phone _____ 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
*If we are unable to assign a roommate, you will be charged a single-occupancy rate.

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

Cost includes **4 Nights Lodging** and **12 Meals** beginning Monday Lunch and continuing through Friday 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.

<input type="checkbox"/> Single Occupancy Room & Meals	\$342.00 per person	\$ _____
<input type="checkbox"/> Extra Night	\$ 60.00 per person	\$ _____
<input type="checkbox"/> Double Occupancy Room & Meals	\$ 262.00 per person	\$ _____
<input type="checkbox"/> Extra Night	\$ 40.00 per person	\$ _____
<input type="checkbox"/> Commuters (meals only)	\$ 82.00 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 below
 Master Card Visa Discover



Credit Card # _____ / Exp. date _____ V- Code _____
(last 3 digits on the back of the card)
Name as it appears on the credit 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 _____	