

Inter-Faith Church Security Intruder Response Seminar

At Mount Sequoyah
Meal & Lodging Reservations

April 20-21, 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—Lodging and Meals

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.

1 Night, Single Occupancy, per person \$ 82.00
(Monday Night Lodging) \$ _____
(Monday Dinner-Tuesday Breakfast)

1 Night, Double Occupancy, per person \$ 62.00
(Monday Night Lodging) \$ _____
(Monday Dinner-Tuesday Breakfast)

2 Nights, Single Occupancy, per person \$164.00
(Monday & Tuesday Night Lodging) \$ _____
(Mon Dinner-Tues Breakfast, Tues Dinner-Wed Breakfast)

2 Nights, Double Occupancy, per person \$124.00
(Monday & Tuesday Night Lodging) \$ _____
(Mon Dinner-Tues Breakfast, Tues Dinner-Wed Breakfast)

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 _____

(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 _____

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