

Ecumenical Missions Conference

At Mount Sequoyah

Program, Lodging & Meal Reservations

Sunday, June 6 - Wednesday, June 9, 2010

Lodging is assigned on a first come, first serve basis

Registration Deadline: May 27, 2010 (or until full capacity)

Registration Contact Information

Last Name _____		First Name _____	
() _____		() _____	
Home Phone _____		Work Phone _____	
() _____		_____	
Cell Phone _____		Email Address <input type="checkbox"/> 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 3 Nights lodging and 9 Meals beginning Sunday dinner and continuing through Wednesday Lunch.

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.

- Single Occupancy Room(Private Bath) & Meals**
\$262.00 per person \$ _____

- Double Occupancy Room(Private Bath) & Meals**
\$ 202.00 per person \$ _____

- Commuters (meals only)**
\$82.00 per person \$ _____

Processing Fee \$ 10.00

- Programming Fee** The Program fee is NON-REFUNDABLE **\$ 50.00**

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