

Leaves of Gold

At Mount Sequoyah

Program, Lodging & Meal Reservations

Monday, October 18—Thursday, October 21, 2010

Registration Deadline: **October 10** (or 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 program fee, **3 Nights lodging and 8 Meals** beginning Monday dinner through Thursday breakfast.

Arrival Date _____ Time _____

Departure Date _____ Time _____

PLEASE NOTE: Fees cannot be prorated.

- | | | |
|---|----------------------|-----------------|
| <input type="checkbox"/> Single Occupancy Room & Meals | \$338.00 per person | \$ _____ |
| <input type="checkbox"/> Double Occupancy Room & Meals | \$ 278.00 per person | \$ _____ |
| <input type="checkbox"/> Spouse Program & Meals | \$ 188.00 per person | \$ _____ |
| <input type="checkbox"/> Commuters
(lunch Tuesday and Wednesday) | \$117.00 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