

# Clergywomen's Gathering-Living In Balance

At Mount Sequoyah  
Lodging-Meal-Program Reservations

April 7-9, 2010

One Form Per Person

## 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

*Fees cannot be pro-rated*

**Cost Includes:** Program Fee, 2 Nights Lodging and 7 Meals  
(Wednesday Lunch thru Friday Lunch)

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

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

Single Occupancy Room , Private Bath \$325.00 \$ \_\_\_\_\_

Double Occupancy Room, Private Bath \$ 285.00 per \$ \_\_\_\_\_

Early Registration (BEFORE MARCH 7) **SAVE \$ 50.00** \$ \_\_\_\_\_

### Additional Options:

Extra Night (No Meals) \$ 60.00 per person \$ \_\_\_\_\_

Please Circle One *Sunday* or *Wednesday*

1 Hour Massage \$ 50.00 per session \$ \_\_\_\_\_

Contemplative Healing Touch \$40.00 Spiritual Direction \$25.00 \$ \_\_\_\_\_

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 \_\_\_\_\_