

Sequoyah Singles

At Mount Sequoyah

Lodging-Meal-Program Reservations

November 5-7, 2010

One Form Per Person

Registration Contact Information

- Male
 Female

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 _____ Rev Mr Ms. Laity

Roommate Information

- Roommate list Below Assign a roommate

Roommate Request _____

Special Needs

- Handicap Access Vegetarian Diabetic

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

Lodging / Meal Cost : 2 nights lodging and 5 meals beginning with Friday dinner through Sunday breakfast.

Arrival Date _____ Time _____

Departure Date _____ Time _____

- Single Occupancy Room, First Come First Served,
LIMITED NUMBER \$171.00 per person \$ _____
- Double Occupancy Room \$ 122.50 per person \$ _____
- Extra night Single \$60 per person
 Extra night Double \$40 per person \$ _____

Programming Fee:

- EARLYBIRD DISCOUNT \$90.00 per person
DEADLINE 8/31/10 \$ _____
- Before 10/6/10 \$99.00 per person \$ _____
- After 10/6/10 \$129.00 per person \$ _____
- GROUP DISCOUNT \$ 80.00 per person \$ _____
(5 or more/mailed together)
- 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

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 _____