

# Church Security Training Seminar

At Mount Sequoyah

Meal & Lodging Reservations

August 25-26, 2009

Only one person per registration form

## Registration Contact Information

Title (Please Circle One)  Mr.  Mrs.  Ms  Rev.  Dr.  Bishop  DS

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Cell Phone Work Phone

( ) \_\_\_\_\_  
Home Phone Email Address  I prefer email communications

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact: Full Name \_\_\_\_\_ Phone: \_\_\_\_\_

Organization/Church \_\_\_\_\_ Conference (If applicable) \_\_\_\_\_

## Roommate Information

Spouse Registration Form Attached  \*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.

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.

## Reservations

### Lodging and Meals

PLEASE NOTE: Fees cannot be prorated.

1 Night, Single Occupancy, per person **\$ 82.00**  
(Includes Monday Dinner-Tuesday Lunch) \$ \_\_\_\_\_

1 Night, Double Occupancy, per person **\$ 62.00**  
(Includes Monday Dinner-Tuesday Lunch) \$ \_\_\_\_\_

2 Nights, Single Occupancy, per person **\$164.00**  
(Includes Monday Dinner-Wednesday Lunch) \$ \_\_\_\_\_

2 Nights, Double Occupancy, per person **\$124.00**  
(Includes Monday Dinner-Wednesday Lunch) \$ \_\_\_\_\_

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 \_\_\_\_\_

### Mail your registration to:

Mount Sequoyah  
Conference and Retreat Center  
150 NW Skyline Drive  
Fayetteville, AR 72701

Attn: Registrar  
(479) 443-4569

**Fax your registration to:** (800) 760-8126

**For questions call:** (479) 443-4531

### FOR OFFICE USE ONLY

Check Number \_\_\_\_\_ Check Amount \_\_\_\_\_

Check Name \_\_\_\_\_

### 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.