

NAME(S) of CONTACT (List additional names on back. Include the age of each student) :

_____ ORGANIZATION _____

Room(s): Appalachian Potomac Shenandoah on _____ 2014

TEL NUMBER(S): _____

EMAIL(S): _____

ADDRESS: _____

DATE/TIME OF ARRIVAL: _____ **DEPARTURE:** _____ / _____

CREDIT CARD: # _____

EXPIRATION: _____ **3-DIGIT SECURITY CODE:** _____ **ZIP:** _____

MENU: Banquet Regular Menu Date banquet menu sent: _____ / received _____

SESSION TITLES / OBJECTIVES (Continue on 2nd page if needed):

Day ____: _____ **Cost:** _____

Objective(s): _____

Day ____: _____ **Cost:** _____

Objective(s): _____

Day ____: _____ **Cost:** _____

Objective(s): _____

Day ____: _____ **Cost:** _____

Objective(s): _____

Day ____: _____ **Cost:** _____

Objective(s): _____

Cal.:

Price of lodging:

Ref.

Price of dining:

Conf.:

Authorization:

Parking:

Plate #:

Date/Amount of payment(s) made:

REZ.:

Follow-Up:

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_____ **ORGANIZATION** _____

Day ____: _____ **Cost:** _____

Objective(s): _____

Day ____: _____ **Cost:** _____

Objective(s): _____

Day ____: _____ **Cost:** _____

Objective(s): _____

Day ____: _____ **Cost:** _____

Objective(s): _____

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Day ____: _____ **Cost:** _____

Objective(s): _____

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