



Please complete this registration form and submit with either a **\$100 deposit** or pay **registration in full**. Each registrant must submit an individual form.

NAME: _____

STREET: _____

CITY: _____ ZIP CODE: _____

BEST CONTACT PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

ACCOMMODATION:

SINGLE ROOM: _____ DOUBLE ROOM: _____

PREFERRED ROOMMATE: _____

PREFERRED CABINMATES: _____

FOOD PREFERENCE (CHECK ALL THAT APPLY): GF _____ VEGAN _____ VEGTARIAN _____

REGISTRATION & PAYMENT - EARLY BIRD DEADLINE IS 2/28/17

EARLY BIRD SINGLE (\$528) _____ EARLY BIRD DOUBLE (\$388): _____

REGULAR SINGLE (\$548) _____ REGULAR DOUBLE (\$408): _____

\$100 DEPOSIT ONLY _____ (No Refunds After July 1, 2017)

CASH _____ CHECK: _____ CC: _____
CARD # _____
EXPIRATION DATE: _____

For more info. please contact **Rev. Laine Morgan at lmorgan@slc-atlanta.org**

FOR OFFICE USE ONLY:

Payment Received: _____

Payment Processed: _____

Notes: _____