

PROGRAM RESERVATION FORM- FOR EITHER 1-DAY OR OVERNIGHT EVENT

Fill in the form and then print it

Please send in separate checks (payable to Phoenix Society, Inc.) for each event.

Note special needs on a separate sheet if necessary or call the Phoenix Office. Indicate members (M) or guests (G).

Mail all reservations to Phoenix Society, Inc., PO Box 64, Annapolis Junction, MD, 20701

NAME OF EVENT: _____ **DATE OF EVENT:** _____

No. of Attendees: _____ Amt Enclosed: \$ _____

Member's Name: (First) _____ (MI) _____ (Last) _____

Guests' Names: _____

Member's Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Note any special needs: _____

FOR OVERNIGHT: Smoking/non-smoking room? _____ Bed preference: 1 or 2 beds: _____

I would like a travel insurance form(s) (Y or N) _____

REFUND POLICY: Full refund if replacement available from waiting list.

Office Use: Date Rec'd: ___/___/___ Ck#: _____ Amt \$ _____ Inits _____ Space No. _____