**SOS 17 Lodging Reservation Form**

**March 25-28, 2013**

**Jekyll Island Club Hotel**

**ROOM BLOCK RESERVATION DEADLINE: MARCH 1, 2013**

COMPLETE THIS FORM, PRINT, AND **FAX** TO

Cindy Sonewald, 865-576-5491

**FAXING** IS REQUESTED FOR SECURITY PURPOSES

The SOS17 Group rate is $159/night without taxes. Please note that a 72-hour cancellation policy applies. Group rate will be honored 3 days prior and 3 days after the workshop depending on availability.

**Guest Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Arrival Date |  | Enter date or use drop down to choose date |  | Departure Date | Enter date or use drop down to choose date |
|  |  |  | | | |
| Last Name |  | Click here to enter text |  | First Name | Click here to enter text |
|  |  |  | | | |
| email |  | Click here to enter text | | | |
|  |  |  | | | |
| Additional email |  | Click here to enter text | | | |
|  |  |  | | | |
| Phone |  | Enter number including area code(s) | | | |
|  |  |  | | | |
| Additional Phone |  | Optional | | | |
|  |  |  | | | |
| Number of Guests |  | Enter number | | | |
|  |  |  | | | |
| Comments/  Preferences |  | Click here to enter text | | | |

**Credit Card Information**

|  |  |  |
| --- | --- | --- |
| Card Type | Enter Visa, Mastercard, Discover, or American Express | |
| Credit Card Number | Enter number | |
| Expiration Date | Enter date as mm/yyyy | |
| Security Code | Enter number | |
| Name of Credit Card Holder | Click here to enter text | |
| Credit Card Billing Address | Enter Street Address | |
| City and State | City | US ONLY: Enter STATE |
| Country and Postal Code | Zip or Postal Code | Country |

**THE COMPLETED FORM MUST BE RECEIVED BY CINDY SONEWALD NO LATER THAN MARCH 1, 2013**