

CATERING NEEDS:

Date(s)	Time(s)	Type (<i>Breaks/Receptions, etc.</i>)
_____	_____	_____
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_____	_____	_____
_____	_____	_____

SLEEPING ACCOMMODATIONS:

Single rooms, double rooms, or combination (June through mid-August only)

Number of Singles _____

Number of Doubles _____

MEALS:

Please check meal(s) requested.

(You must have at least one per day and that selection must remain the same throughout the conference.)

Breakfast

Lunch

Dinner

