



# Lodging and Meals

If you wish to stay at the Potawatomi Inn, complete this form and fax or mail it. Questions may be directed to 260 833 1077 x426. **Note that lodging & meals are packaged together. If you choose to stay elsewhere, or do not stay overnight, you will be responsible for your own meals.**

**RETURN THIS FORM  
WITH A \$50 DEPOSIT TO**

Director of Sales, Potawatomi Inn  
6 Lane 100 A Lake James  
Angola, IN 46703  
Fax # 260 833 4087

## PERSONAL INFORMATION (One registration form per room, please.)

<b>Name</b>	<b>Title</b>
<b>Agency/Park District</b>	
<b>Address</b>	<b>City/State/Zip</b>
<b>Phone</b>	<b>Fax</b>
<b>Email</b> (confirmation will be sent via email.)	

## Roommate Information (If you are sharing a room, only one form is required for submission.)

<b>Name</b>	<b>Phone</b>
<b>Agency or Park District/Address</b>	
<b>Name</b>	<b>Phone</b>
<b>Agency or Park District/Address</b>	
<b>Name</b>	<b>Phone</b>
<b>Agency or Park District/Address</b>	

**NOTE ABOUT MEALS:** The full lodging and meals package includes dinner Monday through lunch Thursday. One- or two-overnight packages include lunch on the day of arrival through lunch on the day of departure.

## LODGING AND MEALS PACKAGE (Please check your selections below. Cost is per participant.)

# OF PARTICIPANTS	1 OVERNIGHT	2 OVERNIGHTS	FULL 3 OVERNIGHTS	TOTAL OWED (Multiply # of participants by the cost of your selection.)
ONE	<input type="checkbox"/> \$130.72	<input type="checkbox"/> \$276.76	<input type="checkbox"/> \$422.80	\$ _____
TWO	<input type="checkbox"/> \$84.25	<input type="checkbox"/> \$183.82	<input type="checkbox"/> \$283.39	
THREE	<input type="checkbox"/> \$68.75	<input type="checkbox"/> \$152.82	<input type="checkbox"/> \$236.89	
FOUR	<input type="checkbox"/> \$60.97	<input type="checkbox"/> \$137.26	<input type="checkbox"/> \$213.55	

Please indicate your arrival and departure dates.

### ARRIVAL

- Monday, 27 February  
 Tuesday, 28 February  
 Wednesday, 1 March

### DEPARTURE

- Tuesday, 28 February  
 Wednesday, 1 March  
 Thursday, 2 March

## PAYMENT INFORMATION (Internet reservations for the Potawatomi Inn cannot be made for this conference.)

<b>Method of Payment</b>	<input type="checkbox"/> Bill To Name _____ Agency _____ Address _____ City _____ State/Zip _____ Phone _____ Fax _____ Email _____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Deposit ONLY <input type="checkbox"/> Full Amount (Please indicate which type of card you are using.) ___American Express ___Visa                            ___Mastercard ___Discover
	<input type="checkbox"/> Purchase Order <i>Purchase Order Number:</i> _____	Card # _____                            Card Exp. _____ Print Card Holder's Name _____ Authorized Signature _____