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 8957

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

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

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

Name	Phone
Agency or Park District/Address	
Name	Phone
Agency or Park District/Address	
Name	Phone
Agency or Park District/Address	

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	❒ $139.32	❒ $278.64	❒ $417.96	$_____
TWO	❒ $96.21	❒ $192.42	❒ $288.63	
THREE	❒ $81.83	❒ $163.66	❒ $245.49	
FOUR	❒ $74.64	❒ $149.28	❒ $223.92	

	ARRIVAL	DEPARTURE
Please indicate your arrival and departure dates.	❒ Monday, 27 February ❒ Tuesday, 28 February ❒ Wednesday, 29 February	❒ Tuesday, 28 February ❒ Wednesday, 29 February ❒ Thursday, 1 March

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

Method of Payment

❒ Bill To
Name _____
Agency _____
Address _____
City _____ State/Zip _____
Phone _____ Fax _____
Email _____

❒ Purchase Order
Purchase Order Number:
_____

❒ Credit Card ❒ *Deposit ONLY* ❒ *Full Amount*
(Please indicate which type of card you are using.)

__American Express
__Visa __Mastercard
__Discover

Card #	Card Exp.
Print Card Holder's Name	
Authorized Signature	