

SuperConference Food & Beverage Charges & Hotel Reservations

Name of Attendee 1. _____

Name of Attendee 2. _____

Name of Attendee 3. _____

Name of Attendee 4. _____

Name of Attendee 5. _____

Total Number of Attendees _____ X \$204.00 (Per Person) = \$ _____

Payment Plan: *(Drawn out on the 1st of every month)*

1 Easy Payment: 3 Month Plan 4 Month Plan 6 Month Plan:
(To be withdrawn April 1st, 2011) *(Beginning Feb 1st)* *(Beginning Jan 1st)* *(Beginning Nov 1st.)*

Rooming Arrangements: (Reservations will be made by Amber but will be paid to hotel on arrival)

of Rooms: _____ Room Type: Double Single Arrival Date: _____ Departure Date: _____

Name of Occupants in each room

Room #1 _____

Room #2 _____

Room #3 _____

Room #4 _____

Client's Name of Bank _____

Name on Checking Account _____

Address Where statements are mailed _____

Bank (ABA) Routing Number _____

Checking Account Number _____

I hereby authorize HealthSource Chiropractic, Inc and the financial listed above to debit/credit the account I have specified for payment for my food and beverage charges for the annual conference in Dallas, TX. I understand that a fee will be charge to my account for each request returned for non-sufficient funds. I understand and agree to allow HealthSource to debit or credit my account, as appropriate, if an adjustment is required for any reason.

Card Holders Signature _____ Date _____ Phone _____

Attach Voided Check Here
We cannot process this request without a voided check.
Deposit Slips are NOT acceptable

Please fill out the following Food and Beverage form and fax it back to my attention to get your reservations today! (440) 848-8455