

## 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 1<sup>st</sup> of every month)*

1 Easy Payment:       3 Month Plan       4 Month Plan       6 Month Plan:   
*(To be withdrawn April 1<sup>st</sup>, 2010)      (Beginning Feb 1<sup>st</sup>)      (Beginning Jan 1<sup>st</sup>)      (Beginning Nov 1<sup>st</sup>.)*

### **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 \_\_\_\_\_

Card Holders Name \_\_\_\_\_

HealthSource of \_\_\_\_\_

Card Holders Billing Address \_\_\_\_\_

Card Holders Phone Number \_\_\_\_\_

Credit Card Number: (Visa/MasterCard Only) \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code on Back of Card \_\_\_\_\_

**I hereby authorize HealthSource Corporate to charge my credit card for the dollar amount above in order to pay for my food and beverage charges for the annual conference in Dallas, TX**

Card Holders Signature \_\_\_\_\_ Date \_\_\_\_\_

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