

Mail this completed and signed form by Sept. 26 to:
Ms Bobbie DeMiero
Washington State Library
P O Box 42460
Olympia, WA 98504-2460

SLEEPING LADY MOUNTAIN RETREAT
WA State Library-Connecting Learners
October 20-21, 2006
Reservation & Charge Authorization Form
Group Number 4503

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Please reserve a single room within the WA State Library block for arrival on Friday, October 20, 2006 and departure on Saturday, October 21, 2006. It is understood if a single room is available, my credit card will be charged for the total amount of a single upgrade and any applicable guest charges once the upgrade and guest reservations are confirmed (by Wednesday, October 4), and that the total deposit will be non-refundable after the cut-off date of Friday, October 6, 2006.

Cardholder Name: _____

Credit Card (Visa, MasterCard, Discover, etc.) _____

Credit Card #: _____ Exp. Date: ____ / ____

Signature: _____

Please list all room occupants:

Conference participant

Adult Child (Age? ____)

Adult Child (Age? ____)

Adult Child (Age? ____)

Conference Rates

Conference rates include lodging, three meals per person per overnight stay, beverage breaks, designated conference space, general meeting supplies and equipment.

\$60 single occupancy supplement per room, per night

Family Rates

Family rates are established for guests, spouses, and children 5-years or older accompanying registered conference participants & include lodging and three meals per person per overnight stay. All individuals in the room must be pre-registered.

\$78 per night per adult guest, spouse or child 13 and above

\$48 per night per child aged 5 – 12

Children 4 and under: No charge

All rates are subject to 8% sales tax and 2% lodging tax