

SOUTH CENTRAL HUMAN RESOURCE AGENCY

RESERVATION/REGISTRATION FORM

To: Executive Secretary

Please pay attention to deadlines!

From: _____

Date: _____

Name of Conference/Meeting: _____

HOTEL: _____ Phone No. _____

Please register and make hotel reservations for the following staff:

NAME	Arrival Date	Depart Date	Room Type*	Program No.**
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Attach additional sheet if necessary) (*room type – single, double, smoking, non smoking, etc.) (**program to be charged)

Please note if staff are sharing a room.

Indicate mode of transportation: _____ agency vehicle _____ air _____ personal vehicle.

Attach completed registration form.

APPROVAL: _____
Program Director (if required)

APPROVAL: _____
Executive Director

The following should be attached:
Conference/Meeting Notice
Agenda if available(highlight area of interest)
Completed Registration Form

Comments/Special Notes:

