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|  | Group Name: |  | | |
| Group Contact Name & Address: | |  | |
| Contact Phone # & Email: | |  | |
|  | **Chapter** Credit Card Number: | | \_\_\_Visa \_\_\_ MC Exp. Date: | |
| RM | **Room Type**  Size [Single, Double, etc] &  Name [Last Name, First] | | **Credit Card Type &**  **& Number with Exp. Date** | **Arrival & Departure Dates**  [Don’t leave blank – estimate] |
| 1 |  | |  |  |
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| Any Special Needs? | | | |
| 2 |  | |  |  |
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| Any Special Needs? | | | |
| 3 |  | |  |  |
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| Any Special Needs? | | | |
| 4 |  | |  |  |
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| Any Special Needs? | | | |

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|  | Group Name: | |  | | | | |
| Group Contact Name & Address: | | | | |  | |
| Contact Phone # & Email: | | |  | | | |
|  | **Chapter** Credit Card Number: | | | | | \_\_\_Visa \_\_\_ MC Exp. Date | |
| RM | **Room Type**  Size [Single, Double, etc] &  Name [Last Name, First] | | | | | **Credit Card Type &**  **& Number with Exp. Date** | **Arrival & Departure Dates**  [Don’t leave blank – estimate] |
| 5 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 6 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 7 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 8 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
|  | Group Name: |  | | | | | |
| Group Contact Name & Address: | | | | |  | |
| Contact Phone # & Email: | | | |  | | |
|  | **Chapter** Credit Card Number: Visa MC Exp. Date: | | | | | | |
| RM | **Room Type**  Size [Single, Double, etc] &  Name [Last Name, First] | | | | | **Credit Card Type &**  **& Number with Exp. Date** | **Arrival & Departure Dates**  [Don’t leave blank – estimate] |
| 9 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 10 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 11 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 12 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
|  | Group Name: | | | | | | |
| Group Contact Name & Address: | | | | | | |
| Contact Phone # & Email: | | | | | | |
|  | **Chapter** Credit Card Number: Visa MC Exp. Date: | | | | | | |
| RM | **Room Type**  Size [Single, Double, etc] &  Name [Last Name, First] | | | | | **Credit Card Type &**  **& Number with Exp. Date** | **Arrival & Departure Dates**  [Don’t leave blank – estimate] |
| 13 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 14 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 15 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 16 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
|  | Group Name: | | | | | | |
| Group Contact Name & Address: | | | | | | |
| Contact Phone # & Email: | | | | | | |
|  | **Chapter** Credit Card Number: Visa MC Exp. Date: | | | | | | |
| RM | **Room Type**  Size [Single, Double, etc] &  Name [Last Name, First] | | | | | **Credit Card Type &**  **& Number with Exp. Date** | **Arrival & Departure Dates**  [Don’t leave blank – estimate] |
| 17 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 18 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 19 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 20 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| Group Name: | | | | | | |
| Group Contact Name & Address: | | | | | | |
| Contact Phone # & Email: | | | | | | |
| Chapter Credit Card Number: Visa MC Exp. Date: | | | | | | |
| RM | **Room Type**  Size [Single, Double, etc] &  Name [Last Name, First] | | | | | **Credit Card Type &**  **& Number with Exp. Date** | **Arrival & Departure Dates**  [Don’t leave blank – estimate] |
| 21 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 22 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 23 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 24 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| Group Name: | | | | | | |
| Group Contact Name & Address: | | | | | | |
| Contact Phone # & Email: | | | | | | |
| **Chapter** Credit Card Number: Visa MC Exp. Date: | | | | | | |
| RM | **Room Type**  Size [Single, Double, etc] &  Name [Last Name, First] | | | | | **Credit Card Type &**  **& Number with Exp. Date** | **Arrival & Departure Dates**  [Don’t leave blank – estimate] |
| 25 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 26 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 27 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |
| 28 |  | | | | |  |  |
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| Any Special Needs? | | | | | | |