

**“Become a Catalyst of Change”**

2011 National 4-H Congress  
 November 25 – 29, 2011  
 Atlanta, Georgia

**FORM MUST BE TYPED**

**HOTEL RESERVATION REQUEST FOR ADULTS OTHER THAN CHAPERONES**

**RETURN BY:** September 15, 2011  
**RETURN TO:** Dr. Susan Stewart  
 National 4-H Congress  
 P.O. Box 367  
 Alpharetta, GA 30009  
 susan@sstewartmeetings.com

RESERVATION INFORMATION	
Name:	_____
Title:	_____
Business/Agency:	_____
Address:	_____
City/State/Zip:	_____
Phone:	_____
E-mail:	_____

ROOM INFORMATION
<input type="checkbox"/> Double
<input type="checkbox"/> King
<input type="checkbox"/> Non-smoking
<input type="checkbox"/> Smoking

ARRIVAL INFORMATION
Date of Arrival: _____
Date of Departure: _____

OTHER ROOM INFORMATION
If requesting double, name of roommate: _____
<input type="checkbox"/> Should room be held for late arrival? (Yes/No)
<input type="checkbox"/> Should this person be housed on same floor as the state delegation? (Yes/No)

CREDIT CARD INFORMATION	
Name on card: _____	Credit Card #: _____ Exp. Date _____
Type of Card: <input type="checkbox"/> American Express	<input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Diner’s Club