

QUAKER EARTHCARE WITNESS STEERING COMMITTEE MEETING
Cenacle Retreat and Conference Center, Chicago, Ill April 22-25, 2010

THIS FORM DUE BY April 1 (The center needs this information then)

*Pay on line or send this form with checks or with credit card information, made payable to OEW to
Quaker Earthcare Witness, 173B North Prospect St., Burlington, VT, 05401-1607*

Name(s) _____

Address _____

Phone _____ Cell for travel _____ email _____

Monthly Meeting _____ Yearly Meeting _____

Yearly Mtg Rep ____ what YM? _____ Monthly Mtg Contact ____ What MM? _____

Name (1st person) _____ Committee(s) I'm on _____

Name (2nd person) _____ Committee(s) I'm on _____

I have the following food allergies: _____ (Will do our best but can't accommodate all)

Emergency contact: name _____: phone number: _____

I/we will need childcare for (names & ages): _____

Date arriving (first meal) _____ Date departing (last meal) _____

I am arriving by **auto** _____ Traveling with me (us) _____

I am arriving by **train** _____ Time arriving _____ Time departing _____

I am arriving by **bus** _____ Time arriving _____ Time departing _____

By **plane**: Airline _____ Flight # _____ Time arriving _____ Time departing _____

What airport? _____

We will try to match you to others arriving at the same time and in the same place so that you can travel together by public transportation.

Continued on next page

- ❖ All full day plans include the non-refundable registration fee of \$40 (includes carbon offset).
- ❖ One day includes dinner one night through lunch the next day.

Full Day Plans:

Plan #1=3 days double is \$265.00
 Plan #2 =3 days single is \$325.00
 Plan #3=2days double is \$190.00
 Plan #4=2 days single is \$230.00

Commuter Plan:

Commuters: \$35.00 per day includes meals (a “day” begins with dinner and ends with lunch the next day)
 Commuters pay \$40 non-refundable registration fee

Overnighters (registration fee is included in prices above)

Name(s)	Plan #	Total fees	What nights
_____	_____	_____	_____
_____	_____	_____	_____

Commuters

Name(s)	what days	# days	x \$35/day	+\$40 reg fee	total
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

1. Total fees	\$ _____
2. Contribution to the Travel Fund	\$ _____
3. Sub-total	\$ _____
4. Total enclosed (full payment due with registration)	\$ _____

\$40 is non-refundable. Remainder is refundable before April 1. Full amount is non-refundable after April 1. No registrations will be accepted after April 1.

If returning by mail, fill out this form and send it with check made payable to QEW and send to 173-B N. Prospect St., Burlington VT 05401-1607 or complete credit card information below:

Name on card _____ Billing address _____

Card # _____ expiration date _____

Signature _____ Total to charge to card \$ _____