



# Epworth BY THE SEA

## GA Addiction Counselors Association

April 26 - 29, 2018

*A Secured Page*

Your Name	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>

**\*Room Registration is per person per night and includes meals beginning with supper on day of arrival and goes through lunch on day of departure and all taxes. View Accommodations at: [epworthbythesea.org/accommodations](http://epworthbythesea.org/accommodations)  
Please check applicable rate:**

LODGING	SINGLE OCCUPANCY	DOUBLE OCCUPANCY	TRIPLE OCCUPANCY	QUAD OCCUPANCY
TURNER LODGE	<input type="checkbox"/> \$165.70 per person per night	<input type="checkbox"/> \$113.66 per person per night	<input type="checkbox"/> \$94.39 per person per night	<input type="checkbox"/> \$85.91 per person per night
ROBERTSON INN	<input type="checkbox"/> \$154.18 per person per night	<input type="checkbox"/> \$104.44 per person per night	<input type="checkbox"/> \$84.02 per person per night	<input type="checkbox"/> \$80.15 per person per night
PITTS/BOOTH	<input type="checkbox"/> \$143.81 per person per night	<input type="checkbox"/> \$97.53 per person per night	<input type="checkbox"/> \$78.26 per person per night	<input type="checkbox"/> \$75.54 per person per night

Child Rate in room with adult ages 3-12 years: \$19.30 per night.

Teen Rate in room with Adult: \$44.33 per night

Roommates Name:   Check box if Roommate will pay separately

Special Request (Disability, diet, etc.)

Arrival Date  Departure Date

Number of Adults in room:

Number of Children in room:

Number of Teens in room:

**PLEASE INCLUDE TOTAL PAYMENT WITH RESERVATIONS.**

If you have a roommate paying separately, a separate Reservation Form must be filled out and submitted ON THE SAME DAY.

Make check payable to Epworth By The Sea.

Check #  Amount: \$

OR

\* Charge to:  Visa  MasterCard  Discover Amount to Charge: \$

\* If you are paying with a State of Georgia credit card and will be tax exempt, please fill out the **Purchase Order Credit Card Authorization Form** below.

Card Number:  Expiration Date:

Name on Card:	
CVV Code:	Billing Address Zip Code:
<input type="checkbox"/> Check here to affirm that I am authorized to make these credit card charges	
<b>Epworth Cancellation Policy:</b> Full payment due with reservation by April 13, 2018. Any cancellation after April 13, 2018 will result in forfeiture of \$20.00 per person. Any cancellation within 72 hours of arrival will result in forfeiture of entire per person charge.	
Please submit this form online, print & FAX to 912-634-0642, or mail to: Epworth By The Sea ATTN: Lori Strande P. O. Box 20407 St. Simons Island, GA 31522	
No phone reservations accepted. No pets or alcohol. Check in: 4:00 p.m. - Check out 11:30 a.m. * CONFIRMATION OF YOUR RESERVATION WILL BE SENT TO YOU * This form is for Epworth By The Sea ONLY.	

**PURCHASE ORDER CREDIT CARD AUTHORIZATION FORM**

Guest Name:	
Group Name:	

\*Credit Cards must be issued by the State of Georgia. State issued credit cards are tax exempt. Sales tax and hotel/motel tax exemption forms must accompany this form. Associations, booster clubs and personal methods of payments are not tax exempt.

**CREDIT CARDHOLDER INFORMATION:**

NAME ON CREDIT CARD:			
TYPE OF CREDIT CARD:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover
COMPANY NAME:			
ACCOUNT NUMBER:			
EXPIRATION DATE:			
BILLING ADDRESS:			
CITY:	STATE:	ZIPCODE:	
PHONE:	FAX:		

**AUTHORIZED USER OF CREDIT CARD:**

NAME:			
COMPANY:			
PHONE NUMBER:			
EMAIL ADDRESS:			
IDENTIFICATION:			
RELATION TO OWNER:			
TYPE OF CHARGES:			
AUTHORIZED AMOUNT: \$			
DATES OF CHARGES:			

**AUTHORIZATION OF CARD USE:**

- I certify that I am the authorized holder and signer of the credit card referenced above.
- I certify that all information above is complete and accurate.
- I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time

period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.

CARDHOLDER NAME:

DATE:

Submit

Reset