

Correctional Health Conference
October 8-10, 2019

COMMUTER REGISTRATION

FORMS MUST BE RECEIVED BY September 20, 2019
NO RESERVATIONS ACCEPTED WITHOUT FORM

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____

Email: _____ @ _____

Special Requests: (i.e. Dietary, etc.) _____

Method of Payment:

_____ Check – **Must be sent with form**

_____ Credit Card – Card charged upon receipt of form. Visa, MasterCard, American Express, and Discover accepted.

Card # _____

Exp. _____

Cardholder's Name: _____

Signature: _____

COMMUTER MEALS:

_____ Full Package \$51.37

Includes all of the below meals

_____ Wednesday Lunch \$18.68

_____ Thursday Breakfast \$14.50

_____ Thursday Lunch \$18.68

MAIL, EMAIL OR FAX ENTIRE FORM TO:

Arrowwood Resort & Conference Center

2100 Arrowwood Lane NW

Alexandria, MN 56308

Attention: Kristie Chisholm

Email: kchisholm@arrowwoodresort.com

PHONE: 320-762-1124

FAX: 320-762-0133