

Spencerian Saga

LODGING REGISTRATION FORM

***Traditional Saga
October 9-15, 2016***

***Advanced Saga
October 16-22, 2016***

2016 RATES

Includes lodging for 6 nights, all meals, taxes & gratuity
Shared Room (Two Bedroom Cottage)-\$700/person
Single Room (Traditional B&B room)-\$900/person
Single Room (B&B Suite)-\$1000-\$1200/person

DINING FACILITIES

All meals will be served at the Lakehouse Inn. Meals are included from dinner on Sunday thru breakfast on Saturday. There will be a set menu for the week. If you have any dietary restrictions please let us know in advance. We will do our best to adjust the menu for dietary restrictions however we cannot accommodate personal preferences.

TRANSPORTATION

If you will be flying please make reservations to fly into the Cleveland Hopkins International Airport. Please call The Lakehouse Inn once you receive your flight information. A taxi service will provide transportation to and from the airport (rate will vary from \$50-\$140 per person per trip based on number of passengers.)

REGISTER EARLY

Registration is limited to twenty participants for each class, so please register early if you wish to attend.

To guarantee lodging for the 2016 Spencerian Saga, a deposit of \$200 is due. Once the deposit is received you will receive a confirmation of your reservation.

CANCELLATION POLICY: Cancellations made at least 30 days prior to the arrival date will be refunded in full, less a \$20 cancellation fee. There will be no refunds for cancellations made less than 30 days prior to arrival.

The enclosed form is registration for lodging only. You must contact Harvest Crittenden to register for the workshop.

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LODGING REGISTRATION FORM

MAIL YOUR REGISTRATION AND DEPOSIT TO:

***The Lakehouse Inn
c/o Cheryl Connors
5653 Lake Rd.E.
Geneva-on-the-Lake, OH 44041***

Class which you are registering for: Traditional Saga Advanced Saga

Name: _____

Address: _____

City, State & Zip Code: _____

Phone (Daytime & Evening): _____

Email Address: _____

ENCLOSED IS A DEPOSIT PAYMENT (MINIMUM OF \$200)

Method of payment: CHECK CREDIT CARD

Name listed on Card: _____

If paying by credit card -please circle one: VISA MASTERCARD DISC AMEX

Card Account Number: _____

Expiration Date: _____ CVV: _____

Amount to charge to credit card: _____

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FOR STAFF USE ONLY

Amount Paid _____

Confirmation Sent _____