

COLORAMA 2019

52 Years of Celebrating Sobriety!!! 87th meeting!!

Oct 25th – Oct 27th, 2019!!

REGISTRATION

Guest1 First Name _____ Last Name _____

Check One: ☐ AA ☐ Al-Anon

Guest1 is willing to: ☐ Read at Meeting ☐ Tell My Story ☐ Lead a Meeting

Guest1 Cell _____ Email _____

Address _____ City _____ State _____ Zip _____

Guest2 First Name _____ Guest2 Last Name _____

Check One: ☐ AA ☐ Al-Anon

Guest2 Cell _____ Email _____

Address _____ City _____ State _____ Zip _____

Guest2 is willing to: ☐ Read at Meeting ☐ Tell My Story ☐ Lead a Meeting

Guest3 First Name _____ Last Name _____

Check One: ☐ AA ☐ Al-Anon

Guest3 is willing to: ☐ Read at Meeting ☐ Tell My Story ☐ Lead a Meeting

Guest3 Cell _____ Email _____

Address _____ City _____ State _____ Zip _____

Guest4 First Name _____ Guest2 Last Name _____

Check One: ☐ AA ☐ Al-Anon

Guest4 Cell _____ Email _____

Address _____ City _____ State _____ Zip _____

Guest4 is willing to: ☐ Read at Meeting ☐ Tell My Story ☐ Lead a Meeting

The cost of registration is \$35 per person and is not refundable. If you want to pay by check, please mail form and check to: Colorama, 1521 Harbor Creek Parkway, Canton, GA 30115. If paying by credit card you can fill out below and mail into us or you can register online at www.coloramafall.com

Please select the size of room you require. The price at the right of room size is total cost of meeting for that room and includes tax. All payments are to be sent to Colorama as we are making all payments to the hotel. Balance is due at check-in at hotel.

Registration and Room Charges: All room rates include the \$35 per person registration fee. We encourage you to register online at www.coloramafall.com

☐ Single Pay 1/2 Amount Today \$147.50 and Balance at check-in \$147.50 - Total \$295

☐ Double Pay 1/2 Amount Today \$215 and Balance at check-in \$215 - Total \$430

☐ Triple Pay 1/2 Amount Today \$285 and Balance at check-in \$285 - Total \$570

☐ Quad Pay 1/2 Amount Today \$350 and Balance at check-in \$350 - Total \$700

I'm Paying Via:

☐ Check # _____ ☐ Credit Card (fill out information below)

Name on Credit Card: _____

Credit Card #: _____

Exp Date: _____ **Card Security Code:** _____

Address Associated with Card: _____

Signature: _____

Comments: _____

Please mail this form to:

Colorama

1521 Harbor Creek Parkway

Canton, GA 30115