

Payment Record / Rooming List



Telephone 1-610-526-2801 Fax 1-610-526-2807

Payment Record # _____ Representative Name _____ School _____ Name _____ Address _____ Phone () _____ Email Address _____	<p style="text-align: center;">Changes / Cancellations / Remarks:</p> _____ _____ _____ <p style="text-align: center;">Materials Request:</p> _____ _____ _____
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Room#1 *For Rooms larger than 8 people use new room and write 'continued' in Group ID Group ID# _____	Room#2 Group ID# _____																																																																								
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Total # of Checks _____ Total Amount Enclosed _____ Signature _____ Date _____