

# Payment Record / Rooming List



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

|   |  |
|---|--|
| Payment Record # _____<br>Representative Name _____<br>School _____<br>Name _____<br>Address _____<br>Phone (    ) _____<br>Email Address _____ | <p style="text-align: center;">Changes / Cancellations / Remarks:</p> _____<br>_____<br>_____<br><p style="text-align: center;">Materials Request:</p> _____<br>_____<br>_____ |
|---|--|

| Room#1 *For Rooms larger than 8 people use new room and write 'continued' in Group ID<br>Group ID# _____   | Room#2<br>Group ID# _____                                    |  |                      |            |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |  |                    |  |                      |            |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
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| Room#3<br>Group ID# _____  | Room#4<br>Group ID# _____                                    |  |                      |            |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |  |                    |  |                      |            |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
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Total # of Checks \_\_\_\_\_ Total Amount Enclosed \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_