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Letter to Kathy Heberer with copy for the Southeastern Law Librarian, January 23, 1992

Ebba Jo Sexton

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January 23, 1992

Ms. Kathy S. Heberer  
Library Services  
Holland & Knight  
Orlando FL 32802  

Dear Kathy,

Here is the latest version of the Callaway Gardens, April 9-12 meeting. Other than this, I don't have anything for the SEALL newsletter.

Yours truly,

Ebba Jo Sexton  
Publicity/Public Relations Committee  
SEALL
CALLAWAY GARDENS
REQUEST FOR RESERVATIONS

GROUP/CONVENTION NAME ____________________________
SOUTHEASTERN CHAPTER OF THE AMERICAN LAW
LIBRARY ASSOCIATION

GROUP/CONVENTION DATE ____________________________
APRIL 9 - 12, 1992

In order to attend the SOUTHEASTERN CHAPTER OF THE AMERICAN LAW
LIBRARY ASSOCIATION
please complete this reservation form and return by the deadline date,
with the required deposit to:

CALLAWAY GARDENS
DEPARTMENT C
P.O. BOX 2000
PINE MOUNTAIN, GEORGIA 31822

DEPOSIT REQUIRED - one nights rate, per person.
CANCELLATION POLICY - deposits are not refundable unless notice
of cancellation or change is received seven (7) days
prior to arrival date.
PET POLICY - No pets are permitted in guest accommodations;
however, local kennels are available.
DEADLINE DATE FOR RECEIPT OF RESERVATION ____________________________
FEBRUARY 25, 1992

ACCOMMODATION: ____________________________ DEPARTURE DATE: ____________________________

ARRIVAL DATE: ____________________________

INN ROOM RATE: $115.00 + TAX, PER ROOM, PER NIGHT, SINGLE OR
DOUBLE OCCUPANCY

ALL RATES SUBJECT TO APPLICABLE TAXES
(6% SALES TAX AND 3% LODGING TAX)
CHECK-IN TIME 3PM .... CHECK-OUT TIME 12N

DEPOSIT AMOUNT ENCLOSED ____________________________ TODAY’S DATE ______________

LAST NAME ____________________________ FIRST NAME ____________________________

ADDRESS ____________________________
(number & street) (city) (state) (zip)

COMPANY NAME ____________________________

PHONE ____________________________
(area code) (number)

IF SHARING A ROOM ____________________________
NAME OF PERSON ____________________________
(last name) (first name)

Room must be guaranteed. Send check or money order covering first
night’s stay or guarantee with American Express, Visa, Master Card
or Discovery. Upon receipt of request for reservation, card will be
processed.

CREDIT CARD # ____________________________ Exp. Date ______________

SIGNATURE ____________________________

PLEASE MAKE CHECKS OR MONEY ORDERS PAYABLE TO:
CALLAWAY GARDENS RESORT, INC.
OR CALL 1-800-282-8181