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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 ____________________________

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