

Registration Form for CT Fall Retreat

Berlin Resort

September 15 - 17, 2017

Name _____

Phone Number _____

Email address _____

Name of Roommate _____

Or assign me one _____

Note: single room costs an additional \$102.00

Do you need a handicapped accessible room? _____

Other accommodations requested: _____

Total due for double occupancy = \$150

Amount paid: _____ Check number _____ Or cash _____

No refunds after August 8, 2017 unless the retreat is cancelled, or your transferable registration is transferred to a CT member who will substitute for you and who is acceptable to your roommate.