



Room Registration Form

Community Health and Counseling Services

June 21-24, 2006

NAME _____ PHONE _____

(Please Print Clearly)

STREET ADDRESS _____

CITY/STATE/ZIP _____

ARRIVE ___/___/___

DEPART ___/___/___

ROOM TYPE REQUESTS: (Please circle one of each category)

Standard Rooms:

Bed Size:	View Type:	Rates:
King	Harbor view	\$ 169
Two Doubles	Non view	\$ 149

METHOD OF PAYMENT:

CHECK ONE: VISA MC DISCOVER AMEX DI

_____ exp. ___/___

Signature _____

The conference room block will be released **May 25, 2006.**

Fax: 207-347-7989

**Mail: 123 Eden Street
Bar Harbor, Maine 04609**