RENAISSANCE SAVERY HOTEL—RESERVATION FORM
IMPACT CONFERENCE

Church Name _____

Address _____

City/State/ZIP _____

Group Contact _____

Contact Phone _____ Fax _____

Email Address _____

Payment Method (Circle One) Credit Card Check (Purchase orders not accepted)

Name on Card _____

CC Number _____ Exp_____

Total Number of Rooms _____ Approx Arrival Time _____

- **Room rate is $67.20 (tax inclusive)—Reservations must be received no later than December 7, 2007.**
- **Rooms with 4 people will receive 2 double beds based upon availability (MAX OF 4 GUESTS PER ROOM). Rooms with 3 people will receive a king and rollaway or pull-out sofa sleeper.**
- **All rooms must have individual guest names or they will not be accepted and reservations will not be made.**
- **Fax completed form to Tara Platt at 515-244-1228. (Phone 515-365-7240)**

Room 1 _____

Room 2 _____

Room 3 _____

Room 4 _____

Room 5 _____

Room 6 _____

Room 7 _____

Room 8 _____

Room 9 _____

Room 10 _____