

ROOM RESERVATION FORM

(Please circle season and letter[s])
FOR SEE SESSION(S)

SPRING	A	B	C*
SUMMER	A	B	C*
FALL	A	B	C*

Date(s) of session(s) _____

Name Mr. Ms. _____
(Circle one)

Street _____ Apt. _____

City _____

State _____ ZIP _____

A.M. Tel. _____ P.M. Tel. _____

E-mail _____

*Anyone who has completed the Spiritual Development Program may attend Session C classes. If you have questions, check with the registrar prior to registering.

Vegetarian? Yes No

Motel: Single Shared Cottage: Single Shared

Spiritual Life Center: Single Shared

My roommate will be _____

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All major credit cards accepted.

Please charge my account as follows:

Visa MasterCard Other _____

Name _____
Please print

Card Number

Card Expiration Date:

Signature: _____

SEE will send you a schedule of suggested classes as soon as it is ready.

All major credit cards accepted.

Please charge my account as follows:

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Unity Reservations
1901 NW Blue Parkway
Unity Village, MO 64065-0001
Phone: 816-251-3540 Toll-free 1-866-348-6489
Fax: 816-251-3556 reservations@unityonline.org



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