

Group Planning

Contact Name	<input type="text"/>
Company	<input type="text"/>
E- Mail	<input type="text"/>
Preferred method of contact	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Address	<input type="text"/>
Zip Code	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Site Inspection	<input type="text"/>
Group Contract	<input type="text"/>
<input type="text"/> No. of participants	<input type="text"/> Number of adults
<input type="text"/> children	<input type="text"/> Number of children
<input type="text"/> Age of	<input type="text"/>
Arrival:	<input type="text"/>
Return:	<input type="text"/>
Contact:	<input type="text"/>

<p>Please check all of the services and activities which interest you:</p> <ul style="list-style-type: none"><input type="checkbox"/> Meeting Space<input type="checkbox"/> Welcome Reception<input type="checkbox"/> Coordination<input type="checkbox"/> Dinner<input type="checkbox"/> Reception<input type="checkbox"/> Spa treatments (massage/manicure) <p>Choose Location – OCE OCW</p> <p>Incentives:</p>	<p>Reservations:</p>