

Group Planning

Contact Name	<input style="width: 90%;" type="text"/>
Company	<input style="width: 90%;" type="text"/>
E- Mail	
Preferred method of contact	
Phone	<input style="width: 90%;" type="text"/>
Fax	<input style="width: 90%;" type="text"/>
Address	<input style="width: 90%;" type="text"/>
Zip Code	<input style="width: 90%;" type="text"/>
City	<input style="width: 90%;" type="text"/>
State	<input style="width: 90%;" type="text"/>
Site Inspection	<input style="width: 90%;" type="text"/>
Group Contract	<input style="width: 90%;" type="text"/>
<input style="width: 50px;" type="text"/> No. of participants <input style="width: 50px;" type="text"/> Number of adults <input style="width: 50px;" type="text"/> Number of children <input style="width: 50px;" type="text"/> Age of children	
Arrival:	<input style="width: 90%;" type="text"/>
Return:	<input style="width: 90%;" type="text"/>
Contact:	<input style="width: 90%; height: 150px;" 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>