

# SOUTH CENTRAL HUMAN RESOURCE AGENCY

## RESERVATION/REGISTRATION FORM

To: Executive Assistant

Please pay attention to deadlines!

From: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Conference/Meeting: \_\_\_\_\_

HOTEL: \_\_\_\_\_

Hotel Phone No. or Website \_\_\_\_\_

CONFERENCE WEBSITE: \_\_\_\_\_

Please register and make hotel reservations for the following staff:

NAME	ARRIVAL DATE	DEPART DATE	ROOM TYPE	PROGRAM #

Indicate transportation: \_\_\_\_\_ agency vehicle \_\_\_\_\_ air \_\_\_\_\_ personal vehicle

***! Attach completed registration form!***

APPROVAL: \_\_\_\_\_  
Program Director (if required)

APPROVAL: \_\_\_\_\_  
Fiscal Officer or Program Technician  
(Approval required on all out-of-state  
travel; approval required on in-state  
travel if total cost of any one trip is over \$3,000)

APPROVAL: \_\_\_\_\_  
Executive Director

***The following should be attached:***

- Conference/Meeting Notice
- Agenda if available (highlight area of interest)
- Completed Registration Form
- Flight preferences
- Copy of Driver's License for flights

Comments/Special Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office use only \_\_\_\_\_

Hotel	C.C. Authoriz.	Registration	Air	Packet	Date/Initials