

Tracker Organbuilding

August 18-19, 2017

Name (as it will appear on your name badge) _____

Company _____

Address _____

Phone Number _____ Work _____

Email _____

Payment

Check: Check Number: _____

Credit Card: (Please circle one) Visa MasterCard

Name as it appears on your credit card: _____

Credit Card Number _____

Expiration Date: _____ CSV: _____

Billing Address: _____

Please contact the hotel directly to make your reservation:

Stonewall Jackson Hotel

540-885-4848

Thursday: \$119/night + tax

Friday/Saturday: \$169/night + tax

A block of rooms has been reserved at this beautifully-renovated vintage hotel
in the heart of town (complete with Wurlitzer lobby organ).

Registration

\$200 for AIO Members includes all materials, two lunches and two dinners.

I agree not to hold the seminar hosts or the American Institute of Organbuilders liable for any personal injury claims resulting from this seminar.

Signature

Print Name

Date

Please return this form to: **Robert Sullivan, PO Box 35306, Canton, OH 44735**
or by e-mail: **robert_sullivan@pipeorgan.org**