



Edmund Rice Christian Brothers North America
SCHOOL LEADERS MEETING
April 8-11, 2019

Iona Preparatory School
255 Wilmot Road, New Rochelle, NY 10804
914 632-0714 www.ionaprep.org

REGISTRATION / EMERGENCY FORM

Name _____ School _____

First Name as I would like it to appear on my name tag _____

Cell # _____ E-Mail Address _____

HOTEL: Cambria Suites
250 Main St.
White Plains, NY 10601
914 681-0500

Please check all that apply:

____ I will need accommodations at the hotel Monday night through Thursday night.

____ I will need additional accommodations prior to the start of the meeting.

Dates needed _____

____ I will need additional accommodations at the conclusion of the meeting.

Dates needed _____

____ I will not need any hotel accommodations.

My spouse will accompany me _____ **Spouse Name** _____

*(Hotel room and tax will be covered by OES Monday night through Thursday night. Additional nights, at the rate of **\$135.00** + tax, will be the responsibility of the individual. A limited number of rooms are available; reserve as soon as possible.)*

(continue on p. 2)

EMERGENCY CONTACT INFORMATION:

Contact Person: _____ Relationship: _____

Cell: _____ Home: _____ Work: _____

Optional: Do you have any medical condition or food or drug allergy information that should be given to an emergency care worker in case you are unable to report for yourself?

Please return this form to Connie Barbarotto no later than February 8, 2019.

The Travel Plans form should be sent no later than March 1, 2019.

E-mail: cab@cbinstitute.org (914) 636 – 6194 X131 Fax: (914) 636-0021