

OREGON OES 2020 LODGING INFORMATION FORM

Information provided will be used in case of emergency please file with Housing Chair

Name: _____ Title: _____

Phone _____ Cell Phone: _____

Email: _____

Home Address: _____

City _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Hotel/Motel or RV Park: _____

Emergency Contact:

Name: _____ Phone: _____

EMAIL: _____

Name(s) of others staying with you

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

After making reservations, please complete and return the form to:

Cathy Thompson
400 NW Terrace Lane #75
Prineville, OR. 97754

Thank you for your cooperation.

Star Love, Cathy Thompson, Housing Chairman, 2020 Phone: 541-447-3426 Email:
newthom@crestviewcable.com