



SUMMIT QUEST

2901 ROPER DRIVE
PLANO, TX 75025

972.618.4613 office
866.758.9309 toll free
972.867.9328 fax

GROUP RESUME

Dates: _____ Agent: _____ Rod Bishop

Group Name: _____

Group Leader: _____

Business Phone: _____ Cell Phone: _____

Number where leader may be reached 24 hours prior to departure: _____

Group Type: _____ No. in group: _____

LODGING FACILITY: _____

Arrival Date: _____ Time: _____

Departure Date: _____ Time: _____

If bussing, should match departure time below.

Meals:

Dinner Dates: _____ Requested Time: _____

Breakfast Dates: _____ Requested Time: _____

MEETING ROOM AND CHANGE ROOMS: If one of these services is desired but has not been previously arranged, please confirm availability and changes with your agent.

Meeting Room Dates: _____ Start time: _____ End Time: _____

Type of set-up: _____

Changing Room Date: _____ Requested Time: _____

CHARTER BUS TRANSPORTATION: (Not airport shuttles) If Summit Quest has arranged a bus for your trip, please complete the following. Do not fill in for transfers to and from airport.

Bus Company: _____

Departure Date: _____ Departure Time: _____

(From home)

Pick-up location (exact street address): _____

Return Departure Date: _____ Departure Time: _____

(Should match departure time above)

If you are providing you own transportation, please specify what type: _____