**The Ritz-Carlton Spa, Reynolds, Lake Oconee - Spa Appointment Request Form**

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| ***Group Name:*** ***Georgia Chamber of Commerce*** | ***Conference Dates:*****May 5th- 9th, 2017** |

*Please Note: As the Spa sells out on a regular basis, prompt response is recommended.*

***We are pleased to extend you an exceptional 20% discount on our full priced spa services during your stay (not available with any other discounts, promotions, Spa Packages or Seasonal Selections).***

 ***Please e-mail this form to receive the discount.***

|  |  |
| --- | --- |
| *Guest Name:* |  |
| *Guest Cell/Work Phone:* |  |
| *Guest e-mail* *(Needed for confirmation):* |  |

*Requested Treatment(s) and Time(s) for Individual Appointment:*

Note: Cancellation Policy = 6 hours before first treatment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Treatment:*  |  | *Date:* |  | *Time of Day:* |  |
| *Treatment:*  |  | *Date:* |  | *Time of Day:* |  |
| *Treatment:*  |  | *Date:* |  | *Time of Day:* |  |

*Hotel Confirmation # is required in order to complete the booking process!*

*Confirmation # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Hotel room booked under the name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Before your Massage or Body Treatment:*

Please plan to arrive a minimum of 30 minutes prior to your appointment

to allow for check-in time as well as to fully enjoy our Spa Ritual

which includes use of the Spa’s whirlpool and cold plunge, steam, and sauna.

*E-mail this form to: joseph.leach*@ritzcarlton.com

Contact via Telephone: (706) 467-7176