



Medical Diet Worksheet for Conference Attendees

Guest Name: _____

Phone Number: _____

Conference attending: _____

Date Arriving: _____

Date Leaving: _____

Please list your dietary needs as completely as possible and return to us at the address or FAX # below. Please submit at least 5 days prior to conference.

1. Medical Diet/Allergy/Intolerance

2. Vegetarian

a. Do you eat eggs or dairy? _____

b. Do you eat fish? _____

Return to: Cannon Beach Conference Center
PO Box 398
Cannon Beach, OR 97110
(503) 436-1047 FAX