

THE EDGE - THE MASON CENTER FOR TEAM AND ORGANIZATIONAL LEARNING



PROGRAM CHECKLIST

PROGRAM DATE _____

DUE TASK



DESCRIPTION

DONE



_____ **Booking Contract**

Within (five) 5 business days, sign and return by fax to:

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_____ **Transportation**

Reserve your day and time with your transportation office before mailing your booking fee. Our physical address is 9100 Freedom Center Blvd. Manassas, VA 20110-2203

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_____ **Booking Fee**

Two (2) weeks after the date printed on the bottom of your contract, mail it with the initial invoice to the GMU - Freedom Center Accounts Payable, 10900 University Blvd, MSN 5F6, Manassas, VA 20110-2203.

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_____ **Confirmation Package**

Read it carefully. Changes are made every year to provide you better service.

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_____ **Confirm Numbers**

Fax or email us six (6) weeks before your program, a final number of program participants. **Not hearing from you in writing will result in your being billed for the number of participants shown on your invoice.**

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_____ **Group Info Sheet**

Fax at anytime but **no later than six (6) weeks** prior to your program.

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_____ **Medical/Liability Release Form**

Make a copy of this two-sided form for every participant and chaperone. Minors **MUST** Have this signed by a parent or guardian. Without forms, we **WILL DENY** student participation.

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_____ **Full Payment**

Full payment is due one (1) week before your program. Mail your check to: GMU -Freedom Center Accounts Payable, MSN 5F6, 10900 University Blvd, Manassas, VA 20110-2203. Reference your MCTOL/Invoice number on your check **OR** call us with your credit card number. 703-993-4313.

