

New England Needlework Association Hotel Registration Form

Mail form to:

The Sturbridge Host Inn & Conference Center
366 Main Street, Sturbridge, MA 01566
Telephone: 508-347-7393

MEETING: New England Needlework
Meeting Dates: 04-28-12 through 04-30-12
All reservations must be received by: April 10, 2012

Reservations after the above date are on a space available basis.
All reservations are released at 4:00 pm unless otherwise guaranteed (See below).

Name: _____
Company Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____ - _____
Telephone: (____) ____ - _____
Arrival Date: _____
(check in time 4 pm)
Departure Date: _____
(check out time 11 am)

- Guaranteed by first nights deposit (Bank or personal checks accepted for deposit only)
 - Guaranteed by Credit Card (circle type below)
- AMEX MC VISA CARTEBLAC DINERS CLUB

Credit Card Number: _____
Expiration Date: _____

FOR GUARANTEED RESERVATIONS
I understand that I am liable for one night's room and tax which will be deducted from my deposit or billed through my credit card in the event that I do not arrive or cancel within 72 hours.

Signature: _____

PLEASE CIRCLE ACCOMMODATION REQUEST

# Rooms		Rates
	Single(s) 1 person	\$109.00
	Double(s) 2 Persons	\$109.00
	Triple(s) 3 Persons	\$119.00
	Quad(s) 4 Persons	\$129.00

Rate subject to all applicable taxes.
If rate requested is not available, nearest available rate will be confirmed.

SPECIAL REQUESTS:
No charge for children under 18 years when sharing a room with parents

Name(s) of additional person(s) sharing room. _____

