

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: 05-01-10 through 05-03-10
All reservations must be received by: April 9, 2010

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	\$103.00
	Double(s) 2 Persons	\$103.00
	Triple(s) 3 Persons	\$113.00
	Quad(s) 4 Persons	\$123.00

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. _____

