

## NHGFOA RESERVATION FORM

Wednesday, October 28 – Friday, October 30, 2020

## Please fill out completely:

Address:				
City:	State:	Zip:		
Home Phone:	Cell Phone:	Work Phone:		
*Roommate(s)	eparate reservation form MUST be filled out fo			
"δε	eparate reservation form MOST be filled out to	or each conierence attendee.		
If roommate is s	pouse/other, please indicate if they v	vill be partaking in meal package:	YES NO	
*Special Request	's:			
	*Room type requests are based on availability	and not guaranteed. Upgrade Fee applicable for	r lofts, alcoves & townhomes	
Arrival Date:	Dep	Departure Date:		
# of Adults:	# and Ages of Children:			
*F				
*Email Address:_	*For confirmation purposes only (please allo	w 7-10 business days for confirmation)		
DOOM DATE(S)	(Diagram of All That Amaka)	•		
ROUW RATE(S)	(Please ✔ All That Apply):			
*WEDNESDA	AY EARLY ARRIVAL, 10/28/20: (Please	circle occupancy)		
Single Occupancy:	\$105.00 per person / Double Occupancy	y: \$60.00 per person / Triple Occupan	cy: \$47.00 per person	
	night's lodging with breakfast, all taxes and aconsible for all early arrival charges.	lministrative fees).		
**THURSDAY	Y, 10/29/20: (Please circle occupancy)	Single Occupancy / Double Occupanc	y / Triple Occupancy	
<b>603-356-6050</b> . **Inc	e NHGFOA. However, this form still needs cludes Thursday night lodging, one Thurs and administrative fees.			
*Cancellation	Policy: Reservations canceled 72 hours pa Reservations canceled within 72 hours	rior to arrival will be charged only a \$25. urs will be charged one night's deposit.	00 cancellation fee.	
Please mail /fa	ax reservation form with an advance depo- reservations) on or before October 16,		rly arrival	
	s received after this date will be accepted of c. Please note for security purposes, we d			
	ING A PET, YOU MUST CONTACT OUR FR NDLY ROOM IS AVAILABLE. THE RED JA			
Credit Card #:	ust provide in order to guarantee room	Exp Date:		
*M	ust provide in order to guarantee room			
Name As It Appears	on Card:	Security PIN#:		
Cardholder's Signatu	re:			
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