

58th Annual Edith E. Hammond Conference

Sponsored by the New Hampshire Association of Educational Office Professionals and the New Hampshire Department of Education

Hotel Registration Form - Radisson Hotel Nashua – Nashua, NH ~ May 5-7, 2010

Reservation Deadline: April 2, 2010 to receive group rate. Requests received after 5 pm on this date will be accepted at Hotel's prevailing rate, based on availability.

MAIL or FAX a copy of this form with deposit to: Radisson Hotel Nashua – Attn: Sue Beaudry – 11 Tara Blvd., Nashua NH 03062 ~ Fax: 603-891-41279 ~ Reservation Phone: 603-888-9970

If interested in extended stay for Tuesday, May 4 and/or Friday, May 7...Guest Rooms are subject to availability. Cost is \$119 (additional person \$10). Please call Hotel to reserve.

Package #1 - 2 Night Package* = Wednesday and Thursday overnight accommodations with 6 meals (Wednesday dinner, Thursday breakfast, lunch, & dinner, and Friday breakfast & lunch)

- _____ Single Occupancy = \$406.98 per person
- _____ Double Occupancy = \$277.27 per person
- _____ Triple Occupancy = \$241.30 per person
- _____ Quadruple Occupancy = \$223.32 per person

Package #2 - Thursday Night Package* = Thursday overnight accommodations with 4 meals (Thursday lunch and dinner, and Friday breakfast and lunch)

- _____ Single Occupancy = \$229.35 per person
- _____ Double Occupancy = \$164.50 per person
- _____ Triple Occupancy = \$146.51 per person
- _____ Quadruple Occupancy = \$137.52 per person

Day Tripper (Meals Only) Rates* ~ Breakfast = \$21.00; Lunch = \$26.00; Dinner = \$28.00 (fill out appropriate area on conference registration form)

***Please note: rates are inclusive of NH State Room Tax and Housekeeping Fees/Services.**

PLEASE FILL OUT ONE REGISTRATION FORM PER ROOM

Arrival Date: _____ Departure Date: _____

Your Name: _____

Name of Person(s) Sharing Room: _____

Your Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

A deposit in the amount of 50% of the package price is due at time of booking. Deposits will be accepted by check, money order, or major credit card (to be processed upon receipt of reservation form). Please make checks payable to: **Radisson Hotel Nashua**. Balance of each room is required at departure.

Amount: \$ _____ Check ___ Money Order ___ MC ___ VISA ___ AMEX ___ DISCOVER ___
Credit Card # _____ Expiration Date: _____

For refund of deposit less a \$25 processing fee, notification must be received at least 15 days prior to the scheduled arrival date. A 50% deposit refund less a \$25 processing fee will be given for a 3-14 day cancellation. No refunds given with a notification of 0-2 days. Early departure or "No Show" will be billed for full reserved stay.

CHECK-IN TIME = 3 pm

CHECK-OUT TIME = 11 am (no late departures)

Signature: _____