

New Hampshire Association of Educational Office Professionals

North Conway Grand, North Conway NH May 10-12, 2017

Reservation Deadline: April 10, 2017 to receive group rate. Be sure to mention NHAEOP!

MAIL or FAX this form with deposit to: North Conway Grand – Attn: April Jacobs – PO Box 3189, North Conway, NH 03860 ~ Fax: 603-356-6028 ~ Reservation Phone: 800-655-1452

If interested in extended stay for Tuesday, May 9 (\$99) and/or Friday, May 12 (\$129)

Guest Rooms are subject to availability. Please call to reserve.

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

- _____ Single Occupancy = \$287.00 per person
- _____ Double Occupancy = \$216.00 per person
- _____ Triple Occupancy = \$201.00 per person
- _____ Quad Occupancy = \$191.00 per person

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

- _____ Single Occupancy = \$185.00 per person
- _____ Double Occupancy = \$143.00 per person
- _____ Triple Occupancy = \$133.00 per person
- _____ Quad Occupancy = \$129.00 per person

Day Tripper (Meals Only) Rates* (for 'meals only', please contact Gretchen Roussin – 603-332-3678 x 1124 - roussin.g@rochesterschools.com ~ Breakfast = \$15.00; Lunch = \$26.00; Dinner = \$35.00

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

PLEASE FILL OUT ONE REGISTRATION 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, purchase order, money order, or major credit card (to be processed upon receipt of reservation form). Please make checks payable to: **North Conway Grand Hotel**. 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: _____