



**ROTARY DISTRICT 7150 ANNUAL CONFERENCE LODGING & MEAL
REGISTRATION FORM Arrival: Friday, September 25, 2009
Departure: Sunday, September 27, 2009**

Name(s) _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____
Rooming with _____

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| <p align="center">FAMILY INFORMATION BOX</p> <p>We encourage Rotary District 7150 Conference participants to bring their children. Please complete appropriate information below</p> <p align="center">CHILDREN'S RATES</p> <p>Foodservice Rates Children 12 & under \$80. for weekend</p> <p>Please fill in the following child information: Names of Children Attending, followed by age _____ _____ _____</p> <p>WE WILL NEED _____ crib(s) – no charge _____ cot(s) - \$15. per night</p> <p>If you are in need of clarification on any parts of this form, email Sue at suereiscpa@aol.com or 315-692-4169</p> <p>Lodging & Meal Package chosen \$ _____ Early Arrival @ \$150. per room _____ Family Extras (Meals) Cots _____ Saturday Afternoon Activity _____</p> <p>Total Amount \$ _____</p> | <p align="center">CONFERENCE LODGING and MEAL SELECTIONS</p> <p>__ DOUBLE OCCUPANCY - \$530. Per Couple Includes 2 nights accommodations, dinner banquets for 2, buffet breakfasts for 2, gratuity and taxes</p> <p>__ SINGLE OCCUPANCY - \$430. per person Includes 2 nights accommodations, 2 Dinner banquets, 2 buffet breakfasts, gratuity and tax.</p> <p>__ ADULT SHARING ROOM \$265. per person for double Includes 2 nights accommodations, 2 dinner banquets, 2 buffet breakfasts, gratuity and tax.</p> <p>__ MEALS ONLY – Package \$120. per person Includes 2 dinners & 2 breakfasts, gratuity & tax</p> <p>__ Thursday NIGHT STAY - \$150. per person</p> <p>Bed Preference: __ 2 Queens <i>or</i> __ 1 King Special Needs _____</p> <p>Cancellation Policy: No refunds after Sept 1, 2009</p> |
| <p>Please check Method of Payment: __ Check __ Money order __ Credit Card</p> <p>Make check payable to: Rotary D-7150 Conference Credit card information needed: Credit cards will not be charged until 1 month prior to conference Name on Card: _____ Type of Card: __ Visa __ MC __ Discover __ Amex Card number: _____ Expiration date: ____/____(4 digits: month/year) Signature: _____</p> <p>Meal & Lodging reservation must be paid in full by deadline date of Sept. 1, 2009. Complete this form and fax with payment to 299-2919 or mail to: Susan Reisman 131 W Seneca Street #321 Manlius NY 13104</p> <p>Confirmation of reservation will be emailed or mailed to you. The District pays by a master check.</p> | <p align="center">CONFERENCE BANQUET SELECTIONS</p> <p>Please denote if choosing more than (1) of same entrée Friday, September 25th Country Buffet Saturday, September 26th __ Roast Beef __ Herb Basted Salmon __ Chicken Francaise __ Vegetarian on request</p> <p>Number of children attending dinner Sept 26th _____ Dietary Restrictions (if any) _____</p> <p align="center">SATURDAY ACTIVITY</p> <p>Aqua Ducks (first come) only 42 seats @ \$25. per person Pick up (11:30 Am) & return at Desmond approx 90 minutes Golf \$55. per person</p> <p>Other Activities in Albany Area: Local shopping, museums, state capital, Saratoga Please retain a copy of this form for your records.</p> |