REGISTRATION FORM

MUST BE RECEIVED BY MARCH 31, 2012

PLEASE NOTE: RESERVATIONS CANNOT BE MADE ON-LINE

3 WAYS TO RESERVE:

Call Hotel if you have food allergies or special/physical needs.

3. Fax: (603)	Mountain Club on Loon, 90 Loon Mountain Road, Lincoln, NH 0325 745-2317	•
Name(s)		
Mailing Address		
City/State(Provi	nce)/Zip	
Tel:	E-mail:	
Name for Bad	ges (Rotarians and their guests):	
1	2	
3	4	
We would like	o be seated on the train with:(4/ta	hle
	ROOM CHOICE FOR PACKAGES A & B □ CLUB (A & B) person/people: \$ □ STUDIO (A & B) person/people: \$ □ SUITE (A Only) people: \$ Please tell the Hotel names of guests occupying each room.	
	TOTAL CONFERENCE COST E: (A-F)	
	NCLOSED: Number Date	
☐MC ☐Discov	er □American Express □VISA Expiration Date:/ Security Code #	

All Packages MUST be Reserved in Advance. No Walk-in Registration Permitted.

Name on Card:

Billing Address: _____