



NH CITY & TOWN CLERKS
SEPTEMBER 10 - 13, 2019

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Arrival Date: _____ Departure Date: _____

Room Mate(s): _____

**Separate reservation form MUST be filled out for each conference attendee.*

If roommate(s) is not participating in conference activities (includes meals), please supply name(s): _____

*Email Address: _____

**For confirmation purposes only (please allow 7-10 business days for confirmation)*

Please appropriate package:

TUESDAY NIGHT, SEPTEMBER 10th EARLY ARRIVALS:

___ Single/Double Occupancy: \$109.00 plus 9% NH lodging tax

ONE NIGHT, SEPTEMBER 11th or 12th TAX - EXEMPT PACKAGES*:

___ Single Occupancy: \$191.00 ___ Triple Occupancy: \$117.00 per person

___ Double Occupancy: \$135.00 per person ___ Quad Occupancy: \$107.00 per person

ONE NIGHT, SEPTEMBER 11th or 12th TAXABLE PACKAGES*:

___ Single Occupancy: \$205.00 ___ Triple Occupancy: \$126.00 per person

___ Double Occupancy: \$145.00 per person ___ Quad Occupancy: \$116.00 per person

**One Night Packages include one nights lodging in a deluxe room with one king or two double beds, (1) full breakfast buffet, (1) luncheon (Weds. OR Thurs.), (1) dinner (Weds. OR Thurs.), all taxes and gratuities.*

TWO NIGHT, SEPTEMBER 11 - 13 TAX-EXEMPT PACKAGES*:

___ Single Occupancy: \$379.00 ___ Triple Occupancy: \$232.00.00 per person

___ Double Occupancy: \$269.00 per person ___ Quad Occupancy: \$215.00 per person

TWO NIGHT, SEPTEMBER 11 - 13 TAXABLE PACKAGES*:

___ Single Occupancy: \$409.00 ___ Triple Occupancy: \$250.00 per person

___ Double Occupancy: \$290.00 per person ___ Quad Occupancy: \$231.00 per person

**Two Night Packages include two nights lodging in a deluxe room with one king or two double beds, (2) full breakfast buffets, (2) luncheons, (1) buffet dinner, (1) banquet dinner, all taxes and gratuities.*

Cancellation Policy: *Reservations canceled 72 hours prior to arrival will be charged only a \$25.00 cancellation fee. Reservations canceled within 72 hours will be charged one night's deposit.*

Paying by Government /Municipal Credit Card or Check - List all attendees on check.

*If paying with Government/Municipal Credit Card please send, along with this form, a **photo copy of the card** (front and back).*

NOTE: *Tax Exempt status may not be granted if Government Credit Card Number does not fall under NH Tax Exempt Guidelines.*

*Tax Exemption status **MAY NOT** be changed upon arrival.*

Please mail or fax reservation form with an advance deposit equal \$100.00 by AUGUST 12, 2019.

If paying with a Government/Municipal check, please have the check made out for the entire amount of your stay.

All reservations received after this date accepted on a space-available basis at a rate being offered to the general public.

Please note for security purposes, we cannot accept credit card information via email.

Credit Card #: _____ Exp Date: _____

Name As It Appears on Card: _____ Security PIN#: _____

Cardholder's Signature: _____

PLEASE RETURN THIS FORM AND YOUR DEPOSIT DIRECTLY TO:

Red Jacket Mountain View, PO Box 2000, North Conway, NH 03860 / Fax 603-356-6050 / Phone 603-356-5411