



NH CITY & TOWN CLERKS
SEPTEMBER 7 - 10, 2021

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 7th EARLY ARRIVALS:

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

ONE NIGHT, SEPTEMBER 8th or 9th TAX - EXEMPT PACKAGES*:

___ Single Occupancy: \$197.00 ___ Triple Occupancy: \$120.00 per person

___ Double Occupancy: \$139.00 per person ___ Quad Occupancy: \$110.00 per person

ONE NIGHT, SEPTEMBER 8th or 9th TAXABLE PACKAGES*:

___ Single Occupancy: \$211.00 ___ Triple Occupancy: \$130.00 per person

___ Double Occupancy: \$149.00 per person ___ Quad Occupancy: \$119.00 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 8 - 10 TAX-EXEMPT PACKAGES*:

___ Single Occupancy: \$390.00 ___ Triple Occupancy: \$239.00.00 per person

___ Double Occupancy: \$277.00 per person ___ Quad Occupancy: \$221.00 per person

TWO NIGHT, SEPTEMBER 8 - 10 TAXABLE PACKAGES*:

___ Single Occupancy: \$421.00 ___ Triple Occupancy: \$257.00 per person

___ Double Occupancy: \$299.00 per person ___ Quad Occupancy: \$238.00 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 23, 2021.

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