

**NORTHEAST SHRINE ASSOCIATION
HOTEL REGISTRATION FORM 2010 FALL CONVENTION
16 -18 SEPTEMBER 2010**



PLEASE PROVIDE THE FOLLOWING INFORMATION TO RESERVE A ROOM FOR THE 2010 FALL-CONVENTION. PAYMENT MUST ACCOMPANY RESERVATION TO CONFIRM ROOM.

SHRINE CENTRE NOBLE: _____
TITLE: _____
ADDRESS: _____
CITY: _____
STATE/PROVINCE: _____
HOTEL ZIP /POSTAL CODE: _____
PHONE NUMBER: _____
E-MAIL ADDRESS: _____

ARE YOU SHARING A ROOM WITH SOMEONE? ___ NO ___ YES- NAME _____

ARRIVAL DATE _____ DEPARTURE DATE _____

DO YOU REQUIRE ANY SPECIAL ACCOMMODATIONS? _____
(handicapped, etc)

3 Nights DOUBLE OCCUPANCY	\$507.00	+	\$87.76 (tax)	=	\$594.76	\$ _____
2 Nights DOUBLE OCCUPANCY	\$338.00	+	\$58.47 (tax)	=	\$396.47	\$ _____
1 Night DOUBLE OCCUPANCY	\$169.00	+	\$29.24 (tax)	=	\$198.74	\$ _____
AMOUNT ENCLOSED						\$ _____

MASTERCARD # / VISA # _____ EXP DATE ____ / ____

PLEASE MAKE CHEQUES PAYABLE TO: PHILAE NSA 2010
PLEASE MAIL RESERVATION FORM & PAYMENT BY: 15 AUGUST 2010
E-MAIL CONTACT: philaeshriners@hfx.eastlink.ca
PHONE NO: 1-902-454-7811
ADDRESSED TO: NSA 2010
PHILAE SHRINE CENTRE
PO BOX 9050 STATION A
HALIFAX, NOVA SCOTIA B3K 5M7

Office	Confirmation No. _____
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