



Degree of Honor – Reservation Form
COMPLETE ONE FORM PER ROOM

Conference Room Rate: \$118.00 / Night plus tax (up to 2 guests)

*****Each additional guest age 18 and over would be an added \$10 per room per night up to four guests per room*****

Reservation information:

*****Reservation requests can be sent to the below listed address either by fax or mail*****

Reservation Cut off Date:

*****All reservations will be made at the special conference rate until **June 17th 2009*******

*****After this date, reservations and the conference rate are subject to availability*****

Hotel Check in time: 3:00 PM

Hotel Check out time: 12:00 PM

Reservation Detail:

Arrival Date: _____ **Departure Date:** _____

*****The hotel has set aside a very limited number of rooms at the conference rate for guests who are requesting to arrive or depart three days outside of the conference dates. Please note that these rooms are available strictly upon availability*****

ALL OCCUPANTS MUST BE LISTED UNDER THE ROOMMATES SECTION

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Roommate(s) _____

Room Type: **King Bed**

Two Double Beds

Single / Double Beds



*****Please note that room requests are based upon availability and are NOT guaranteed*****

Smoking: _____

Credit Card Number: _____ **Expiration:** _____

Personal Check Number: _____ **Check Amount:** _____

*****Reservations without a credit card number or check will NOT be processed*****

*****Refunds will be given to guests only if the reservation is cancelled 24 hours prior to arrival*****

Signature: _____ **Date:** _____