

Telephone Association of New England
2010 Sales & Service Seminar
April 13 & 14, 2010
2010 Educational Symposium & Showcase
April 13 – 16, 2010

Individual Reservation Form

Grand Summit Resort Hotel & Conference Center @ Sunday River Resort

Lodging Preference	Single Occupancy Per Person Rate	Double Occupancy Per Person Rate	Deposit Policy
<u>Standard Room</u> (2 queen beds)	___ \$225* per night	___ \$165* per night	Payment for one night's lodging, including taxes and fees is due within five (5) days of booking the reservation. Final payment is due three days prior to arrival and will be automatically charged.
<u>Studio Superior</u> (1 queen Murphy bed & kitchenette)	___ \$225* per night	___ \$165* per night	
<u>Studio Deluxe</u> (1 queen Murphy, 1 sleep sofa & kitchenette)	___ \$225* per night	___ \$165* per night	
<u>1 Bedroom Suite</u> (1 queen bed, 1 sleep sofa & kitchenette)	___ \$285* per night	___ \$195* per night	

Please check your lodging preference and rate. Rates are valid for Tuesday, Wednesday and Thursday nights. Each per person rate includes: One night of lodging of your requested occupancy at the Grand Summit Resort Hotel; the use of all hotel amenities; lunch, afternoon snack and beverages on day of arrival; dinner and reception on day of arrival; breakfast, beverages and morning break on following day; and all applicable taxes, gratuities and fees. ***Conference registration fees are NOT included in the prices listed above. Please register directly with TANE to ensure proper payment and registration for the conference.**

Guests may extend their stay three days pre- and post- the conference dates at a cost of \$112.86 per room, per night. This price includes all taxes and fees, but does not include any other services.

Arrival day/date _____ Departure day/date: _____ Total number of nights: _____

Reservation and deposit must be received by March 21, 2010. Group rate and availability cannot be guaranteed beyond this date.

When making a reservation, please refer to group code: - #84T0WE

Last Name _____ First _____

Company _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Special Requests _____

Credit Card _____ Card # _____ Exp. date _____ Security Code _____

To reserve your guest room, please complete this form and MAIL it to Sunday River, PO Box 4500, Newry, ME 04261 or FAX this form to our Reservations Office at 207-824-5195.

A hard copy of this form is required to confirm your reservation. No phone calls, please.

If you have questions, please call the Reservations Office at **1-800-207-2365** between 8 AM - 5 PM, Monday through Friday. Sunday River accepts checks, MasterCard, Visa, American Express, and Discover. A deposit is due within five days of booking a reservation and the reservation will be canceled if the deposit is not received within the five-day period. For refund of deposit, less a **\$25.00 cancellation fee**, notification of cancellation must be received at least 72 hours prior to the scheduled arrival. The entire deposit will be forfeited if cancellations are made within 72 hours prior to scheduled arrival.

Signature _____ Date _____

Check-in time is at 6:00 PM; all efforts will be made to accommodate guests who arrive early. Check-out time is 10:30 AM.