

INTERNATIONAL ASSOCIATION OF ELECTRICAL INSPECTORS
Sunday, October 5 - Wednesday, October 8, 2008
LANCASTER HOST RESORT
RESERVATION REQUEST FORM

RATES QUOTED PER PERSON PER NIGHT

MODIFIED AMERICAN PLAN

PACKAGE INCLUDES: LODGING, 11% OCCUPANCY TAX;
DINNER, BREAKFAST, AND ALL MEAL TAXES
AND GRATUITIES

\$199.00 Per Person, Per Night, Single Occupancy
\$127.50 Per Person, Per Night, Double Occupancy
\$107.33 Per Person, Per Night, Triple Occupancy
\$ 94.50 Per Person, Per Night, Quad Occupancy

Children ages 13 and over are considered adults.

There will be a \$15.00 charge, per day for a
roll-a-way bed.

- * Forms received after Tuesday, 9/5/08 will be confirmed if rooms are still available at prevailing hotel rates.
- * **ONE NIGHT'S DEPOSIT, PER PERSON WHICH WILL BE CREDITED TO LAST SCHEDULED NIGHT OF STAY, MUST ACCOMPANY FORM TO CONFIRM RESERVATION**
- * Please make check payable to:
LANCASTER HOST RESORT
Major credit cards are accepted at hotel, as well as for deposits.
- * **PLEASE MAIL OR FAX FORM TO:**
2300 Lincoln Highway East
Lancaster, PA 17602
FAX: (717) 295-5112

CHECK TYPE OF ROOM REQUESTED: SINGLE OCCUPANCY
 DOUBLE OCCUPANCY - King Bed
 DOUBLE OCCUPANCY - Two Double Beds
 TRIPLE OCCUPANCY - Two Double Beds
 QUAD OCCUPANCY - Two Double Beds

 SMOKING ROOM NON-SMOKING ROOM
 ** WILL BE SHARING ROOM

NOTE: GUARANTEED RESERVATIONS NOT CANCELLED 48 HOURS PRIOR TO THE DAY OF ARRIVAL WILL FORFEIT ONE NIGHT'S DEPOSIT.

ROOM TYPE IS BY REQUEST AND EVERY ATTEMPT WILL BE MADE TO ACCOMMODATE YOUR REQUEST.

PLEASE FILL OUT ONLY ONE FORM FOR EACH ROOM NEEDED.
PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

NAME: _____ NO. OF CHILDREN _____

**ROOMMATES: _____ CHILDREN'S AGES _____

CHECK ONE: () State Official () District Deputy () Delegate () Alternate () Guest

COUNCIL #/NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

ARRIVAL DATE: _____ DAY: _____ DEPARTURE DATE: _____ DAY: _____

*If credit card deposit:
 American Express VISA Master Card Discover

Card Number _____ Exp. Date _____ Signature _____

• **CREDIT CARDS WILL BE CHARGED UPON RECEIPT OF RESERVATION.**

CHECK-IN AFTER 4 PM CHECK-OUT 11 AM