



RESERVATION FORM

Name of Group: Data Standards Group -Coastal Response Research

Group #: 072507G

Group Arrival Date: 9/24/2007

Group Departure Date: 9/27/2007

A limited number of rooms have been allocated for your group, so make your reservation early! Please use one reservation form for each room reservation. You may fax your completed form(s) to us at (603) 862-0634, or mail them to the address listed at the bottom of this form. Your reservation will be guaranteed in writing, so be sure to select your preferred method of confirmation letter transmission. Please contact our Reservations Department if you have any questions.

Name: _____ E-Mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work _____ Ext: _____ Fax: _____

Arrival Date: _____ Departure Date: _____

Confirmation method: (please circle one) Standard Mail / Fax / E-Mail

• **CUT-OFF DATE:** Reservation Form must be submitted to the New England Center by 8/24/2007. After this date room availability and rate cannot be guaranteed.

• **RATE:** PLEASE CIRCLE APPLICABLE RATE:

Single Occupancy (NON-Government) - \$129.00 per room, per night, plus 8% NH Tax

Single Occupancy (Government*) - \$81.00 per room, per night, plus 8% NH Tax

* Valid Government ID card must be provided at Check-in

• **RESERVATION GUARANTEE:** Your full stay should be prepaid 30 days prior to your arrival. Please include the credit card you would like to use for payment. The New England Center accepts American Express, Diners Club, Discover, MasterCard, and Visa. Your card will not be charged before the 30-day due date.

Note: We are unable to accept Purchase Orders. If you prefer to pay by check, please enclose a personal or business check for the full amount of your stay. Make checks payable to New England Center.

• **CANCELLATION POLICY:** Cancellations made prior to 9/10/2007 will receive a full refund. After 9/10/2007, full payment will be forfeited to the New England Center. No refunds for early departures, changes or cancellations made after 9/10/2007.

Please complete your credit card information or enclose full payment:

Name as appears on Credit Card: _____

Major Credit Card Number: _____ Exp. Date: _____

Signature of Cardholder*: _____

**Signature authorizes the New England Center to process your credit card for full payment of your reservation within 30 days of your scheduled arrival date.*

Please send Reservation Form to: NEW ENGLAND CENTER – RESERVATIONS
 15 Strafford Avenue, University of New Hampshire
 Durham, NH 03824
 Telephone: 603-862-2634 Fax: 603-862-0634 Toll Free: 800-590-4334
 E-mail: hotel.reservations@unh.edu Web-site: www.newenglandcenter.com