

REGISTRATION FORM
RED CROSS OF CONSTANTINE, EASTERN REGIONAL ASSEMBLY
Holiday Inn, Harrisburg/Hershey
November 3 – November 5, 2017
<http://www.redcrossconstantine.net/er/>

(PLEASE NOTE: PHONE RESERVATIONS ARE NOT PERMITTED.)
Deposits will be refunded only if cancellations are received seven days in advance of arrival date.

PLEASE TYPE OR PRINT CLEARLY.

Name _____ Lady's Name (if attending) _____

Address _____

City _____ State _____ Zip +4 _____

Home Phone _____ Cell Phone _____

(Include a legible email address for the hotel to send confirmation of your reservation.)

Email address: _____

Rates:

Check the desired package.

___ \$178.00/person/night, single occupancy

___ \$152.50/person/night, double occupancy

___ \$142.67/person/night, triple occupancy

Name of person(s) sharing room, if not spouse _____

Each package includes a smoke-free guest room; three meals daily beginning with dinner on day of arrival and concluding with breakfast on day of departure; all taxes; and gratuities.

Check-In-Time: 4:00 PM **Check-Out-Time:** 11:00 AM

Registration Fee: \$20.00 per person added to your bill

Registration Deadline: October 15, 2017

After this date, rooms will be on an "if available" basis only. A deposit or credit card of \$100.00 per room is required with this form to confirm your reservation. If paying by check, please make it payable to "The Holiday Inn, Harrisburg/Hershey."

Name on Card and Type (Visa, M/C, Discover) _____

Credit Card No. _____ **Expiration Date** _____

Will Arrive On _____ **Will Depart On** _____

Harrisburg Airport: ___ Check and complete only if you need the hotel shuttle from/to the airport.

Airline _____ Flight No. _____ Arrival Date: _____ Time: _____

Airline _____ Flight No. _____ Departure Date: _____ Time: _____

(Please notify the hotel if your flight information changes.)

Name of Conclave and State _____

Registering for the following: Appendant ___ Red Cross ___ Viceroy ___ Sovereign ___ None ___

Office in Conclave or Grand Imperial Council _____

Office in other Masonic Bodies (State/National) _____

Dietary Restrictions/Allergies: _____

Ladies' Trolley Tour of Hershey, Saturday, 1:30 PM will attend ___ will not attend ___
(additional charge, \$10.00) - Send check payable to Eastern Regional Assembly to Mr. Henry Leshner, 1000 Seneca Street, Pottsville, PA 17901-1539. (Deadline: October 15, 2017)

Email this completed form to barbarawise@stayholiday.com (with subject line of "ERA Registration 2017"); **fax** it to Barbara Wise at 717-469-7755; or **mail** it with your deposit to the Holiday Inn, Harrisburg/Hershey, Reservation Department, Attn: Barbara Wise, 604 Station Road, Grantville, PA 17028. Phone: (717)469-0661