



## RESERVATION FORM

Name of Group: **Space Science Center Cluster Workshop**  
Group #: **101303E**  
Group Arrival Date: **September 22, 2004**  
Group Departure Date: **October 1, 2004**

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 can 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: \_\_\_\_\_

Names of guests who will be sharing the same room with you:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

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

- **SPECIAL REQUESTS:** (circle one) Smoking / Non-Smoking / Special Needs Accessible / Other \_\_\_\_\_  
*While we cannot guarantee your special requests, we will make every attempt to honor them. Rollaway beds are \$10.00 plus tax, per night.*

- **CUT-OFF DATE:** **Reservation Form must be submitted to the New England Center by 8/23/04. After this date room availability and rate cannot be guaranteed.**

- **RATE:** Single/Double Occupancy - \$ 124.00 per room, per night, plus 8% NH Tax (\$ 133.92 per night)

*Note: NH Rooms and Meals tax rate is subject to change without notice. The current tax rate is 8%.*

*Additional charges: \$10.00 plus tax, per person, per night, for additional adults or children over 12.*

- **RESERVATION GUARANTEE:** **Your full stay should be prepaid 7 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 7-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.**

**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 mail 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  
Email: [hotel.reservations@unh.edu](mailto:hotel.reservations@unh.edu) Web site: [www.newenglandcenter.com](http://www.newenglandcenter.com)

**CANCELLATION POLICY: Cancellations made prior to 9/15/04 will receive a full refund. After 9/15/04 full payment will be forfeited to the New England Center. No refunds for early departures, changes or cancellations made after 9/15/04.**