



Lodging Reservation Form
NORTHEAST MEDICAL ASSOCIATION
MARCH 1 – 4, 2009

The Stoweflake Resort & Conference Center is the host property and Reservation Headquarters for your meeting. **Lodging reservations will only be accepted by returning this form via fax or mail.** Lodging will be assigned on a first come, first serve, space available basis. Your room reservation and rate will be confirmed to you in writing. Check-in time is 3:00 p.m. and checkout is 11:00 a.m.

Room block shall be held until February 15, 2009. After this date, the Stoweflake will release the unused portion of the block for general sale. The Stoweflake will continue to accept reservations after the Cut-Off date at the contracted rate, subject to room availability. **At the time you make your reservation, a 1 night non-refundable advanced deposit is required.** If your length of stay exceeds the nights being held for the conference, your request will be honored, if possible, at a rate of \$309 plus tax per night, but is subject to availability at the time the request is received.

N O R T H E A S T M E D I C A L A S S O C I A T I O N
M a r c h 1 - 4 , 2 0 0 9

Name _____ Telephone _____
Address _____ City/State/Zip _____
E-mail _____ Number of Guests in Party _____
Arrival Date _____ Special Requests _____
Departure Date _____

∞ A C C O M M O D A T I O N S D E S I R E D ∞

- 3 Day Guest Rate @ \$190++ per person, Non-hotel Guest (Includes 3 Breakfasts, 1 Dinner)
- Single Room, 1 Night @ \$325++ per person (Includes 3 Breakfasts, 1 Dinner)
- Double Room, 1 Night @ \$225++ per person (Includes 3 Breakfasts, 1 Dinner)

Above rates are subject to Tax and Service Charge

U P G R A D E S A V A I L A B L E

- One Bedroom Meadows Townhouse @ an additional \$259+ per night (Max 2 ppl)
- Two Bedroom Meadows Townhouse @ an additional \$359+ per night (Max 4 ppl)
- Three Bedroom Meadows Townhouse @ an additional \$459+ per night (Max 6 ppl)

Upgrades are subject to 10% Rooms & Meals tax

This form is not a confirmation. You will receive your confirmed room reservation and rate in writing.

∞ D E P O S I T F O R A C C O M M O D A T I O N S ∞

Check enclosed for \$ _____
 Credit Card Number _____ Exp. Date _____
Signature _____ Date _____

Lodging reservations will only be accepted by returning this form via fax or mail. **To make your lodging reservation, please complete this form and mail or fax it to:**

STOWEFLAKE RESORT & CONFERENCE CENTER
ATTENTION: RESERVATIONS, P.O. BOX 369, STOWE, VT 05672 FAX 802-253-6858