

**NORTHEAST SHRINE ASSOCIATION  
HOTEL REGISTRATION FORM 2010 FALL CONVENTION  
16 -18 SEPTEMBER 2010**



PLEASE PROVIDE THE FOLLOWING INFORMATION TO RESERVE A ROOM FOR THE 2010 FALL-CONVENTION. PAYMENT MUST ACCOMPANY RESERVATION TO CONFIRM ROOM.

**SHRINE CENTRE**  
\_\_\_\_\_

NOBLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/PROVINCE: \_\_\_\_\_

**HOTEL**  
\_\_\_\_\_

ZIP /POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ARE YOU SHARING A ROOM WITH SOMEONE? \_\_\_ NO \_\_\_ YES- NAME \_\_\_\_\_

ARRIVAL DATE \_\_\_\_\_ DEPARTURE DATE \_\_\_\_\_

DO YOU REQUIRE ANY SPECIAL ACCOMMODATIONS? \_\_\_\_\_  
(handicapped, etc)

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3 Nights DOUBLE OCCUPANCY	\$507.00	+	\$77.36 (tax)	=	\$584.36	\$	_____
2 Nights DOUBLE OCCUPANCY	\$338.00	+	\$51.57 (tax)	=	\$389.57	\$	_____
1 Night DOUBLE OCCUPANCY	\$169.00	+	\$25.78 (tax)	=	\$194.78	\$	_____
					AMOUNT ENCLOSED	\$	_____

MASTERCARD # / VISA # \_\_\_\_\_ EXP DATE \_\_\_\_ / \_\_\_\_

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PLEASE MAKE CHEQUES PAYABLE TO: PHILAE NSA 2010

PLEASE MAIL RESERVATION FORM & PAYMENT BY: 15 AUGUST 2010

E-MAIL CONTACT: [philaeshriners@hfx.eastlink.ca](mailto:philaeshriners@hfx.eastlink.ca)

PHONE NO: 1-902-454-7811

ADDRESSED TO: NSA 2010  
PHILAE SHRINE CENTRE  
PO BOX 9050 STATION A  
HALIFAX, NOVA SCOTIA B3K 5M7

Office _____	Confirmation No. _____
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