PLEASE FIND US AT: www.eaglemt.com



February 5, 2007

## RESERVATION FORM

## EASTERN PLANT BOARD MEETING APRIL 2, 3, 4 2007

The staff and management of the Eagle Mountain House look forward to having you with us. To be assured of accommodation, please complete this form and return it to our reservations department by 03/12/07. Rooms will be assigned on a first-come, first-served basis.

Your special group rate will not be offered after the cut-off date.

A confirmation letter will be mailed after the reservation has been processed.

Individual guest reservations require an advance deposit of one night stay. The advance deposit will be applied to the last night of your scheduled stay. Personal check, MasterCard, Discover, Visa and American Express are accepted methods of payment. Please use one reservation form for each reservation. A 100% refund of your deposit will be made if notification of cancellation is received 5 days prior to arrival. Un-cancelled reservations and early departures will result in forfeiture of 100% of your deposit.

All cancelled reservations are subject to a \$15.00 processing fee.

Check-in Time is 3:00pm. Guests arriving before check-in time will be accommodated as rooms become available. Check-out time is 11:00am. We request that guests attending a function on the departure day, check out at 11:00am.

Arrangements can be made for luggage storage through Guest Services.

Guest Name:		Home Phone:	
Address:	Business Phone:		
City:	State:	Zip Code:	
E-mail Address:	Fax Number:		
Number of Guests:	Arrival Date:	Departure Date:	
	Per Night Pa	ckage Rate:	
Single Occupancy-Ta	ıx Exempt : \$89.00 per p	DETSON PET night-Includes Lodging, breakfast and gratuity.	
		of Federal check or credit card)	
Single Occupancy:	\$96.00 per p	\$96.00 per person per night-Includes Lodging, breakfast, tax and gratuity.	
Spouse	\$31.00 per ni	\$31.00 per night-Includes lodging, breakfast, tax and gratuity.	
Please list any special needs or r	equests ie. Bed type, cots, cr	ribs, handicap accessible etc	
Please list any dietary restrictions:			
MasterCard, Discover, Visa or Amex #:		Exp. Date:	
Card Holders Name:		Date:	
Signature:			

Please mail or fax the completed form with deposit or meal payment to:

**Eagle Mountain House** 

**Attention Reservations Department** 

179 Carter Notch Rd, Jackson, NH 03846 • Phone: 800-966-5779 • Fax: 603-383-0854 • Email: www.eaglemt.com