

RED CROSS OF CONSTANTINE, EASTERN REGIONAL ASSEMBLY
Holiday Inn, Harrisburg/Hershey, Pennsylvania
November 1 – November 3, 2019

www.redcrossconstantine.org (then to Links and Eastern Region)

(PLEASE NOTE: FAX OR PHONE RESERVATIONS **WILL NOT BE ACCEPTED.**)

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 _____

Person's Name & Dietary Allergies/Restrictions: _____

Conclave _____ Office (on 11/2/19) _____ State _____

UGIC Title _____

State/National Title in other Masonic Bodies: _____

Check Degree(s) Needed: Red Cross _____ Appendant _____ Viceroy _____ Sovereign _____ None _____

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

Rates include 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 the desired package.

___ \$180.00/person/night, single occupancy

___ \$154.50/person/night, double occupancy

___ \$144.67/person/night, triple occupancy

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

IHG Rewards Club # _____

Registration Deadline: October 15, 2019 (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 writing a check, please make it payable to "The Holiday Inn, Harrisburg/Hershey.") **Check-In-Time: 4:00 PM** **Check-Out-Time: 11:00 AM**

Arrival Date _____ **Departure Date** _____

Type of Credit Card (Visa, M/C, etc.) _____ **Name on Card** _____

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

Complete only if you need the hotel shuttle from/to the airport (Harrisburg) or AMTRAK station.

(Please notify the hotel if your arrival/departure information changes.)

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

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

AMTRAK _____ Arrival Date: _____ Time: _____ Departure Date: _____ Time: _____

Ladies' Tour, Masonic Village, Saturday, 1:00 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, 2019)

Email this completed form to richardpoorman@stayholiday.com (with subject line of "Red Cross, ERA 2019"); or **mail** it with your deposit to the Holiday Inn, Harrisburg/Hershey; Reservations – Attn: Richard Poorman; 604 Station Road; Grantville, PA 17028.

Phone: (717)469-0661

5-26-19