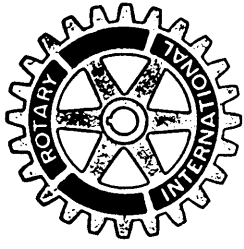




**HOTEL RESERVATION FORM**  
**ROTARY PRESIDENTS-ELECT TRAINING SEMINAR**  
**CONVENTION CODE: 102500**  
**BINGHAMTON REGENCY HOTEL AND CONFERENCE CENTER**  
 225 Water Street, P.O. Box 2337  
 Binghamton, NY 13902  
 (607) 722-7575 (607) 724-7263 FAX (800) 723-7676 TOLL FREE DIRECT



**Thank you for your reservation. We look forward to having you as our guest.**

**DATES:** Friday, March 17, 2006 and Saturday, March 18, 2006

**RESTRICTIONS:** **Reservations accepted on this form only.** **Please do not call and book a room as well.**  
 Please fill out only one form per room. A confirmation will be mailed to you.

Check in time is 4:00pm, Check out is 12:00PM  
 Room types and special requests are on an availability basis only (smoking / non-smoking).  
 Reservations must be made by Friday, March 3, 2006 or space will not be guaranteed.  
 Cancellations must be made by Monday, March 13, 2006 in order to receive a refund

**RATE PLANS:** SINGLE/DOUBLE \$82.00 per room per night

- TAX EXEMPT CERTIFICATE MUST BE SUBMITTED WITH PAYMENT/RESERVATION FORM OR ADD 11 % TO THE ABOVE RATES.
- TAX EXEMPT FORMS CANNOT BE PRESENTED UPON CHECK-IN OR CHECK - OUT. NO ADJUSTMENTS WILL BE MADE.
- FORM MUST BE RECEIVED BY FRIDAY, MARCH 3, 2006 ALONG WITH CREDIT CARD OR CHECK FOR FULL PAYMENT.
- PERSONAL CHECKS ARE ACCEPTABLE UP TO TEN DAYS PRIOR TO ARRIVAL. HOTEL CANNOT ACCEPT PERSONAL CHECKS UPON CHECK IN.
- CREDIT CARDS WILL BE CHARGED ON March 13, 2006.

CODE: 102500	ROOMMATE 1	ROOMMATE 2	SPECIAL REQUESTS
NAME			
DISTRICT			
ARRIVAL DATE			
DEPARTURE DATE			
ADDRESS			
CITY, STATE, ZIP			
PHONE NUMBER			
CREDIT CARD #			
EXPIRATION DATE			
SIGNATURE			

**\* BY SIGNING ABOVE, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE TERMS OF MY RESERVATION AS INDICATED ON THIS HOUSING FORM, AND AUTHORIZE THE BINGHAMTON REGENCY TO PROCESS TOTAL ROOM AND TAX CHARGES TO THE CREDIT CARD INDICATED ABOVE.**