



LAKE PLACID RESORT
Holiday Inn

ROTARY DISTRICT 7150 ANNUAL CONFERENCE
LODGING & MEAL REGISTRATION FORM

Arrival: Friday, September 23, 2005 Departure: Sunday, September 25, 2005

Name(s): _____ Phone: _____

Address: _____ City: _____ St.: _____ Zip: _____

Rooming With: _____

FAMILY INFORMATION BOX

We encourage participants of the Rotary District 7150 Conference to bring their children

Please check the appropriate information below

CHILDRENS RATES

Foodservice Rates

Children under 4 - No Charge
Children 4 to 12 - \$60.00, and children 13 and over - \$115, for the Conference - Children's Menu will be offered for Dinner Banquets

Children under 19, sharing a room with parents - no cost for room

Please fill in the following child information:

Names of Children Attending, Followed by Age

WE WILL NEED

___ Crib(s) - No Charge

___ Cot(s) - @ \$15.00 per Day

If your are in need of clarification on any parts of this form - please call Mary Ellen Kime at (315) 697-2790

CONFERENCE LODGING SELECTIONS

- **DOUBLE OCCUPANCY - \$590.00 Per Couple**

Includes (2) Nights Accommodations, (2) Hors d oeuvres Receptions (cash bar) for 2, (2) Dinner Banquets for 2, (2) Buffet Breakfasts for 2. All Service Charges and Taxes included.

- **SINGLE OCCUPANCY - \$475.00 Per Person**

Includes (2) Nights Accommodations, (2) Hors d oeuvres Reception (cash bar), (2) Dinner Banquets, (2) Buffet Breakfasts. All Service Charges and Taxes included.

- **SINGLE ADULT SHARING ROOM - \$295.00 Per Person**

Includes (2) Nights Accommodations, (2) Hors d oeuvres Reception (cash bar), (2) Dinner Banquets, (2) Buffet Breakfasts. All Service Charges and Taxes included.

Bed Preference: -Two-Doubles -One-King -No-Preference

Smoking - All Rooms are Non-Smoking rooms

EARLY & LATE ARRIVALS & DEPARTURES - \$176.50 Room Charge

- Early Arrival (date): _____ - Late Departure (date): _____

Cancellation Policy: 100% refund for cancellations received by September 1.

CONFERENCE BANQUET SELECTIONS

Please denote if your are choosing more than (1) of the same entrée selection

September 23rd Banquet Selection(s)

- ___ Roast Pork Loin-Herb roasted pork served with mustard sauce
- ___ Poached Salmon-Poached salmon with a tarragon sauce
- ___ Special meal requirements: _____
- ___ Children's menu

September 24rd Banquet Selection(s)

- ___ Chicken Calvados-Chicken breast sautéed with apples, cream & apple brandy
- ___ Prime Rib Au Jus-Choice prime rib of beef roasted to perfection
- ___ Special meal requirements: _____
- ___ Children's menu

Method of Payment: -Check -VISA -MasterCard -Discover -Amex (*Do not send cash*)

Credit Card # : _____ Exp. Date: ____ / ____

Name on card: _____ Signature: _____

Make checks payable to: Rotary District 7150 Conference

Note: Credit cards for hotel and meals will be debited on: August 1, 2005

Registration Dead Line is AUGUST 1st, 2005

Complete and mail this Hotel and Meal Registration to:

Mary Ellen Kime, Conference Registrar, 101 Stroud St., Canastota, NY, 13032
Mary Ellen will record and send the registration and payment on to the Lake Placid Resort.

Rev 050506