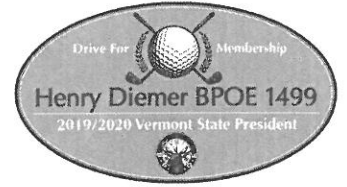


ROOM REGISTRATION FORM
 Vermont Elks Association 93rd Annual Convention
 Holiday Inn
 Saratoga Springs, New York
 May 1- 3, 2020



Double Occupancy: \$625.00

Single Occupancy: \$525.00

PLEASE PRINT CLEARLY

MEMBER NAME: _____ **SPOUSE/GUEST NAME:** _____

Please Circle all Titles that Apply:

Is Spouse/Guest a Member: Yes No

Exalted Ruler – Leading Knight – Loyal Knight
 Lecturing Knight – Secretary – Treasurer
 Esquire – Chaplain – Inner Guard – Tiler
 Lodge Trustee – PER – PSP – PDD – DD

Please Circle all Titles that Apply:

Exalted Ruler – Leading Knight – Loyal Knight
 Lecturing Knight – Secretary – Treasurer
 Esquire – Chaplain – Inner Guard – Tiler
 Lodge Trustee – PER – PSP – PDD – DD

Delegate: _____ **Alternate:** _____ **Delegate:** _____ **Alternate:** _____

Lodge Name and Number: _____

Home Address: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Arrival Date: _____ **Departure Date:** _____

Rates include Friday and Saturday night lodging accommodations; Friday night buffet dinner; Saturday breakfast, lunch, and buffet dinner, Sunday breakfast. All applicable taxes and gratuities are included (excluding housekeeping gratuities).

Special needs: _____

Additional Nights: \$159.00 per night X () night(s) = \$ _____

Total \$ _____

Please indicate any food allergies: _____

Check - In Time: Friday 4:00 p.m.

Check - Out Time: Sunday 11:00 a.m.

Early arrivals note: Room availability will not be guaranteed until 4:00 p.m.

Please return this completed form and payment to: Bill Wallace, 185 Sugar Maple Lane Spofford, NH 03462

(Checks payable to: Henry Diemer State President Fund

Questions: Gene Whitney mgwhitney@svcable.net

DEADLINE: APRIL 1, 2020