

The Hotel Northampton

36 King Street
Northampton, MA 01060
Tel: (413) 584-3100

Fax: (413) 585-0210 (FAX NUMBER TO RETURN TO)

RESERVATION FORM

**“Biological Control Group” Conference, October 3 – 8, 2010
Group#4952**

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____ TELEPHONE: _____

EMAIL: _____ (mandatory)

Conference room rate is \$126 plus tax per night only for stays from Sunday, October 3rd thru Thursday, October 7th, 2010. For stays outside the conference dates, the room rate starts at \$250+ and based on availability.

I WOULD LIKE TO RESERVE THE FOLLOWING:

_____ SINGLE OCCUPANCY

_____ DOUBLE OCCUPANCY

Room types are run of house. Please be advised specific room types are not guaranteed.

ARRIVAL DATE: _____ DEPARTURE DATE: _____

SPECIAL REQUESTS: _____

Please be advised that the Hotel will do our very best to accommodate your requests; however, requests are not guaranteed. Room types may vary based upon availability. Should your requested room type is not available **All reservations are due by September 5th, 2010**, after which rooms will be based on availability and group rates will not be applicable. A valid credit card is required to guarantee your reservation. A 24 hours cancellation by 2PM applies to your reservation. **THANK YOU.**

Credit Card Type: AMEX MASTERCARD VISA DISCOVER OTHER

Name as it Appears on Card: _____

Card Number: _____

Exp: _____

CID/CVV: _____

(3 numbers on back of card)