



Holiday Inn Express Durham-UNH
2 Main Street
Durham, NH 03824
603-868-1234 - Phone
603-590-1315 - Fax

Kennedy Center American College Theatre Festival 2010
January 26, 2010 to January 31, 2010

REGISTRATION FORM

All rooms are Non-Smoking. Today's Date: _____

Arrival Day & Date: _____ Departure Day & Date: _____

Type of Bedding:

___ 2 Double Beds ___ 1 Queen Bed ___ 1 Queen Bed w/Roll-In Shower

___ 1 Queen Bed Accessible ___ 2 Double Beds Accessible

(No cots are available) Refrigerators (based on availability) are \$5.00 per day

School attending: _____

Contact's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime/Evening Phone/Fax: _____ / _____ / _____

Special Needs/Requests: _____

Email (required for reservation confirmation): _____

Room requests noted on your reservation form cannot be guaranteed, but will be honored based on availability. Reservations will be taken on a first come, first served basis. Reservation Forms are due no later January 5, 2010.

- Rates are \$95.00 per room, per night, plus 9% NH Rooms Tax (Max 4 per room)

Credit Card Type: _____ Credit Card Number: _____

Expiration Date: _____ Name (as it appears on Card): _____

Signature: _____

- Credit Card will be charged in full January 12, 2010
- Please mail checks with completed Rooming List by January 5, 2010

CANCELLATION POLICY: Individuals must cancel their reservations by Tuesday, January 12, 2010 to avoid non-refundable penalties. Early departures, changes or cancellations are non-refundable. A credit card is required to hold room block. No P.O.'s will be accepted.

Check In Time: 3:00 P.M.

Check Out Time: 12:00 P.M.

*** If you have special needs, please make the necessary requests***

PLEASE COMPLETE THIS FORM AND RETURN TO THE SALES DEPARTMENT AT THE HOTEL ADDRESS ABOVE,

FAX TO: 603-590-1315 , OR EMAIL TO: val.robichaud@gmail.com