

## ROOM RESERVATION FORM

### 2010 GRAND LODGE CONVENTION Orlando FL — JULY 4 - 8, 2010

This room reservation form should be completed by your Lodge Delegate or other interested parties who wish to attend the Grand Lodge Convention of the Benevolent and Protective Order of Elks, to be held 7/4 - 8, 2010 in Orlando FL.

**PLEASE GIVE THIS FORM TO YOUR DELEGATE OR ANY OTHER INTERESTED ELK IMMEDIATELY**, requesting that it be returned to the PA Elks State Association as soon as possible, in order for reservations to be made early enough to avoid any last minute rush. Should there be a change of delegate, the adjustment can be made with the hotel. **The Pennsylvania/West Virginia delegation will be housed at the Rosen Shingle Creek on a first come, first served basis. Check In is 4:00 p.m.. and Check Out is 11:00 a.m.**

**NOTE:** ALL RESERVATIONS AND CANCELLATIONS FOR PENNSYLVANIA/WEST VIRGINIA MUST BE MADE THROUGH THE PA ELKS STATE OFFICE. THE HOTEL WILL NOT ACCEPT RESERVATIONS FROM AN INDIVIDUAL, LODGE, OR GROUP. **DISTRICT DEPUTY DESIGNATES** MUST ALSO MAKE THEIR RESERVATIONS THROUGH THE PA ELKS STATE OFFICE BUT DO NOT NEED TO SEND A DEPOSIT.

**A 72 HOUR NOTICE OF CANCELLATION IS REQUIRED TO RECEIVE A REFUND OF DEPOSIT.**

***Return This Form Before MAY 15, 2010 Or Accommodations Cannot Be Guaranteed.***

#### ***IMPORTANT!***

**CHECK FOR \$122.63 (ONE NIGHT'S DEPOSIT) MUST BE MADE PAYABLE TO**

***Rosen Shingle Creek***

**SEND CHECK OR CREDIT CARD INFO AND THE RESERVATION FORM BELOW TO:  
PA ELKS STATE ASSOCIATION, P. O. BOX 1255, SOMERSET, PA 15501**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

*Credit Card (VISA, Discover, etc.):* \_\_\_\_\_ *Credit Card #:* \_\_\_\_\_

**Name on Credit Card :** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

Please check the type of room desired. Every effort will be made to provide you with the requested accommodations.

_____ <b>S</b> moking or <b>N</b> on-smoking	Date of Arrival: _____
_____ No. of People	Time of Arrival: _____
_____ <b>1</b> or <b>2</b> Beds	Date of Departure: _____

Please print or type this form, and return it to the PA Elks State Office address printed below. ALL RESERVATIONS MUST BE MADE THROUGH THE PA ELKS STATE ASSOCIATION OFFICE.

**PA/WV CONVENTION HOUSING  
PA ELKS STATE ASSOCIATION  
P. O. BOX 1255  
SOMERSET, PA 15501**