

# Hotel Reservations

Family Involvement Conference / Pennsylvania Coalition for Parent Involvement, Ltd.  
Best Western Premier the Central Hotel and Conference Center  
Harrisburg, PA  
October 14-17, 2018

**Please type or print legibly when providing the following information. Mail this form, with a \$100.00 deposit, to Best Western Premier the Central Hotel and Conference Center, 800 East Park Drive, Harrisburg, PA 17111, by Monday, October 1, 2018. After October 1<sup>st</sup>, the deposit is non-refundable. Telephone reservations will require a credit card. Questions concerning hotel reservations may be directed to Best Western at 717-561-2800, or by fax at 717-564-2347. All rooms are non-smoking.**

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_ (Professional): \_\_\_\_\_  
School District/Organization: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Names of adults sharing room: \_\_\_\_\_  
Handicapped room required? \_\_\_\_\_

Single Occupancy .....	\$143.13
Double Occupancy .....	\$71.57

The above pricing is per person, per night and includes all service charges and hotel occupancy tax. Individuals who are tax exempt must provide a tax exemption form in order to verify their tax exempt status. A \$100.00 deposit is required to guarantee each individual's reservation. A personal check, money order or valid American Express, Visa, Master Card, or Discover Card are acceptable.

**The above rates include overnight accommodations only.** Meal options are addressed on your "Conference Registration" form.

## BE SURE TO REGISTER EARLY

The cutoff date for reservations is October 1<sup>st</sup>. After that date, room requests will continue to be accepted, on an "if available" basis, at prevailing non-group rates. Our room block is limited so, in order to insure a room at our conference venue, it's highly recommended that you make your reservation immediately.

***Purchase Orders must be accompanied by a check.***

If paying by credit card, please provide the following information:

Credit Card: \_\_\_\_\_ Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Print Cardholders Name: \_\_\_\_\_  
Card Holder's Signature: \_\_\_\_\_