

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 1st, 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 1st. 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: _____