| Boxbe | HAPTER OF MA OES HO 144th "POT OF GO MASSACHUSETTS, N prough Regency, 242 Adam estford Regency, 219 Little Free shuttle service | OLD" SESSION Iay 14, 15, 16, 2020 Is Place, Boxborough ton Rd, Westford, N | h, MA 01719 | |
|--|--|--|--|--|
| Please type or print: Name & Title | | | | |
| | | Jurisdiction: | | |
| Address: | | Email (Optional) | | |
| | | Zip/Postal Code | | |
| Daytime phone: | Evening Phone() | | | |
| Additional Room Oc | cupants – Names and Titles: | | | |
| Name: | | | | |
| Name: | Title: | | | |
| Name: Dates Requested: (Circ | le Each) Tues. 5/12, Wed. 5 | | | |
| <u>All othe</u> Room Rate <mark>Reserva</mark> Mail completed | <u>marked by April 27, 2020 (</u> <u>4-night stay w/discoun</u> <u>r reservations must be rece</u> es: \$116 per night (all rates ation preference is given to form to Mr. Robert W. <u>Ma</u> Avenue, Buzzards Bay, Ma <u>PLEASE DO NO</u> | <u>t \$104.00 per night</u> eived no later than N s are PLUS tax curr 5, 4, 3 nights at hea <u>cBournie</u> , PGP, <u>Hou</u> A 02532 – Cell Phon | <u>May 1, 2020</u> ently 11.74%) <mark>dquarters.</mark> using Chairman at: | |
| | t is required, with checks made | | | |
| Check <u>Credit Card</u> : A room | No.: | Amount: our card will NOT be c | harged until Check-in. | |
| Credit Card Type: | Card Number: | | | |
| | <u>TION</u> : Local Airports are: Bost transportation required from t | ton/Logan (BOS), MA o | or Manchester (MHT), NH | |
| No. of persons: | Arriving at: (Airport) | Airlin | ie: | |
| Flight No.: | Time of arrival: | Need retu | arn ride Y or N: | |
| | <mark>ESERVATION AND CANCEI</mark> - <u>HAIRMAN</u> <u>AT 978-618-8567</u> <u>THIS FORM MAY B</u> | <mark>DO NOT CALL HO</mark> | | |