

PA ACADEMY OF SCIENCE

HOUSING RESERVATION REQUEST-2008

Name _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Arrival Date _____ Departure Date _____

Single _____ Double _____ Smoking _____ Non-Smoking _____ Handicapped _____

Roommate _____ Other _____

Check or Money Order Amount \$ _____

AMEX _____ MasterCard _____ Visa _____ Discover _____ Diners Club _____

Credit Card # _____ Expiration Date _____

Signature _____

In order to receive the reduced group rate, overnight reservations must be received no later than March 8, 2008.

*** Please mail form to:

Attn: Reservations Department
Holiday Inn, Grantville
604 Station Road
Grantville, PA 17028

Or

Fax to: 717-469-7755 (Attn: Reservations Department)