



Holiday Inn Express Durham-UNH
2 Main Street
Durham, NH 03824
603-868-1234 - Phone
603-590-1315 - Fax

Kennedy Center American College Theatre Festival 2010
January 26, 2010 to January 31, 2010

Group Rate: \$95.00 plus 9% tax per night. All rooms are Non-Smoking

Today's Date: _____
GROUP NAME: _____ Daytime Phone: _____
SCHOOL NAME: _____
CITY _____ STATE _____ ZIP: _____
CONTACT: _____ Email: _____

*ROOM TYPES = Two (2) DBL Beds OR One (1) Queen Bed

**Room Types Based on Availability

* MB R&T - MASTER BILL ROOM & TAX ONLY

* IPO - INDIVIDUAL TO PAY OWN

***Credit Card Authorization form must be filled out and returned to reservations Attn: Val Robichaud

Room requests noted on your reservation form cannot be guaranteed, but will be honored based on availability. Reservations will be taken on a first come, first served basis. Reservation Forms are due no later January 5, 2010.

- Rates are \$95.00 per room, per night, plus 9% NH Rooms Tax (Max 4 per room)

Credit Card Type: _____ Credit Card Number: _____

Expiration Date: _____ Name (as it appears on Card): _____

Signature: _____

- Credit Card will be charged in full January 12, 2010
- Please mail checks with completed Rooming List by January 5, 2010

CANCELLATION POLICY: Individuals must cancel their reservations by Tuesday, January 12, 2010 to avoid non-refundable penalties. Early departures, changes or cancellations are non-refundable. A credit card is required to hold room block. No P.O.'s will be accepted.

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Check In Time: 3:00 P.M.

Check Out Time: 12:00 P.M.

*** If you have special needs, please make the necessary requests***

PLEASE COMPLETE THIS FORM AND RETURN TO THE SALES DEPARTMENT AT THE HOTEL ADDRESS ABOVE,

FAX TO: 603-590-1315 , OR EMAIL TO: val.robichaud@gmail.com

	Guest Name Last First	Arrival Date	Departure Date	Room Type	Crdit Card # Expiration	Share With Last, First
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						