

**Reservation Form
Northeast Regional Forum
June 26-28, 2009
Doubletree Hotel
200 Atrium Drive
Somerset, NJ 08873
Tel: (732) 469-2600
Fax: (732) _____**

Arrival Date _____ Departure Date _____
Please state number of nights _____ Arrival Time _____ a.m. _____ p.m.

Single/Double/Triple.....\$99.00 plus tax per night

Please indicate number of guests in room _____
Please specify one or two beds _____

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____

Deposit Enclosed \$ _____
Credit Card Holder's Name _____
Credit Card Number _____ Expiration Date _____

Room will be available for occupancy at 4:00 p.m. Check-out time is 11:00 a.m. All room reservations must be accompanied by a valid credit card or a check for one night's accommodation and received by **June 4, 2009**.

**Mail to:
Doubletree Hotel
200 Atrium Drive
Somerset, NJ 08873
Attention: Reservations Dept.**