

INTERNATIONAL ASSOCIATION OF ELECTRICAL INSPECTORS  
Sunday, October 5 - Wednesday, October 8, 2008  
LANCASTER HOST RESORT  
RESERVATION REQUEST FORM

RATES QUOTED PER PERSON PER NIGHT  
MODIFIED AMERICAN PLAN  
PACKAGE INCLUDES: LODGING, 11% OCCUPANCY TAX;  
DINNER, BREAKFAST, AND ALL MEAL TAXES  
AND GRATUITIES

\$199.00 Per Person, Per Night, Single Occupancy  
\$127.50 Per Person, Per Night, Double Occupancy  
\$107.33 Per Person, Per Night, Triple Occupancy  
\$ 94.50 Per Person, Per Night, Quad Occupancy

Children ages 13 and over are considered adults.

There will be a \$15.00 charge, per day for a roll-a-way bed.

\* Forms received after Tuesday, 9/5/08 will be confirmed if rooms are still available at prevailing hotel rates.

\* **ONE NIGHT'S DEPOSIT, PER PERSON WHICH WILL BE CREDITED TO LAST SCHEDULED NIGHT OF STAY, MUST ACCOMPANY FORM TO CONFIRM RESERVATION**

\* Please make check payable to:  
**LANCASTER HOST RESORT**  
Major credit cards are accepted at hotel, as well as for deposits.

\* **PLEASE MAIL OR FAX FORM TO:**  
2300 Lincoln Highway East  
Lancaster, PA 17602  
FAX: (717) 295-5112

CHECK TYPE OF ROOM REQUESTED:      [ ] SINGLE OCCUPANCY  
  [ ] DOUBLE OCCUPANCY - King Bed  
  [ ] DOUBLE OCCUPANCY - Two Double Beds  
  [ ] TRIPLE OCCUPANCY - Two Double Beds  
  [ ] QUAD OCCUPANCY - Two Double Beds

[ ] SMOKING ROOM      [ ] NON-SMOKING ROOM  
\*\*[ ] WILL BE SHARING ROOM

NOTE: GUARANTEED RESERVATIONS NOT CANCELLED 48 HOURS PRIOR TO THE DAY OF ARRIVAL WILL FORFEIT ONE NIGHT'S DEPOSIT.

**ROOM TYPE IS BY REQUEST AND EVERY ATTEMPT WILL BE MADE TO ACCOMMODATE YOUR REQUEST.**

PLEASE FILL OUT ONLY ONE FORM FOR EACH ROOM NEEDED.  
PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

NAME: \_\_\_\_\_ NO. OF CHILDREN \_\_\_\_\_

\*\*ROOMMATES: \_\_\_\_\_ CHILDREN'S AGES \_\_\_\_\_

CHECK ONE:   ( ) State Official   ( ) District Deputy   ( ) Delegate   ( ) Alternate   ( ) Guest

COUNCIL #/NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_ DAY: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_ DAY: \_\_\_\_\_

\*If credit card deposit:  
[ ] American Express   [ ] VISA   [ ] Master Card   [ ] Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

• **CREDIT CARDS WILL BE CHARGED UPON RECEIPT OF RESERVATION.**

CHECK-IN AFTER 4 PM      CHECK-OUT 11 AM