

per room to:

Reservations Request Form for Carolina-Virginia Telephone Membership Assn

GROUP RUN-OF-HOUSE RATES HAVE BEEN NEGOTIATED. HOWEVER, WE CANNOT GUARANTEE Note: BED-TYPE, SLEEPING ROOM LOCATION, SMOKING/NONSMOKING OR VIEW.

Conference Dates	Mon, 10/17/05 - S	Sun, 10/23/05	Rates:	Single Double	\$207.00 \$207.00
All Rates European Plan, no Please Type or Print all infor		state and local taxes.	Inquire	Extra Person about the Club F	
Name:					
Address:			Pho	one No. ()	
City:		State:	Ziŗ);	
Email address:					
Please reserve: # o	of rooms	# of adults	# of childre	en under 16	_
Arrival Date:	Departure Date:				
availability at prevaidate. DEPOSIT – CONF A deposit equal to or confirm your reservation Reservations cancell night's room rate. CHECK-IN/CHEC	IRMATION ne night's sleeping nation. You should replease call 1 800-4 ed less than 7 (sev	Grove Park Inn Resotion requests are subjection rate by a major receive a written or of 38-5800. Ten) days prior to an exchesion check-out time is be	ect to contracted credit card (liste email confirmation rival date will be	block availability d below) or a che on within 2 week	prior to release ck is required to s. If you do not
Visa/MasterCard/Dis	scover/Am Express	#:		Exp. Date:	
		•		= CID#	
Signature		D	Pate	Credit Caro	

PLEASE READ CAREFULLY and send this completed form along with deposit or credit card number The Grove Park Inn Resort & Spa

Reservations Department 290 Macon Avenue Asheville, NC 28804 (828) 252-2711 Ext. 1010 or 1-800-438-5800 Fax Number (828) 210-8314