

*Guests needing transportation to/from Bradley Int'l / Marriott please complete this form.*

**2010 – 136th ANNUAL SESSION - CT**

*"Treasured Friends"*

**Transportation for Out-of-State Guests**

**Name:** \_\_\_\_\_

**ARRIVAL:**

\_\_\_\_\_ **I/We need to be met on arrival at Bradley International Airport.**

**Number of people in party:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Airline:** \_\_\_\_\_ **Flight Number:** \_\_\_\_\_

**DEPARTURE:**

\_\_\_\_\_ **I/We need return transportation to Bradley International Airport for departure.**

**Number of people in party:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Airline:** \_\_\_\_\_ **Flight Number:** \_\_\_\_\_

This form may be copied as needed.  
(please retain as a 2-side document)

HOUSING RESERVATION FORM

THE GRAND CHAPTER OF CONNECTICUT – 2010 – 136th ANNUAL SESSION
"Treasured Friends"

APRIL 22 - 24, 2010

DEADLINE FOR HOUSING: before April 1, 2010

Please print or type:

Name: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Title: \_\_\_\_\_

Chapter Name: \_\_\_\_\_ No. \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_ (for confirmation purposes only)

Dates Requested: (please circle each) Wed. 4/21 Thurs. 4/22 Fri. 4/23 Sat. 4/24

Names and titles of occupants of room:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please indicate your preference:

\_\_\_\_\_ 1 King Bed \_\_\_\_\_ 2 Double Beds \_\_\_\_\_ Extra cot needed
Special Requests: \_\_\_\_\_

Please note: The entire Marriott Facility is non-smoking. Check with the front desk for designated areas outdoors.

All rooms reserved before April 1, 2010 will be \$111.00 per night (which includes 12% tax).

Availability and price cannot be guaranteed for late reservations. Check in time is 4 p.m. Rooms may not be ready before then.

Guests arriving after 6 p.m. must guarantee their rooms with a deposit or credit card number. ROOM GUARANTEE: One night's deposit required.

Please make checks payable to "Farmington Marriott" or for quicker check-in time, complete the following credit card information:

Card Name: (Visa, MC, AMEX, etc): \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If using a check for deposit: Check No.: \_\_\_\_\_ Amount: \_\_\_\_\_

Canadian Members: Please submit monies with a Cashier's Check from a United States Corresponding Bank in U.S. Funds. Thank you.

Please mail completed form with check to: Mrs. Myrtle E. Ross, P.M.
21 Cardinal Lane
Waterbury, CT 06708
Phone: (203) 757-6505

Checks must be made payable to:
"Farmington Marriott"
All others will be returned.

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Travel Information: If arriving by plane, is transportation required from Bradley International Airport? Yes \_\_\_\_\_ No \_\_\_\_\_
If yes, please complete the form on the back of this page.

This form may be copied, as needed.
(please retain as a 2-sided document)



#1 "From Whence You Come" (Distinguished Guests' Luncheon)

Name \_\_\_\_\_ Title \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Jurisdiction \_\_\_\_\_

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#2 "The Masquerade" (Banquet and Ball)

Name \_\_\_\_\_ Title \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Jurisdiction \_\_\_\_\_

# THE GRAND CHAPTER OF CONNECTICUT – 2010 –136th - ANNUAL SESSION

**Please note for each of the following: The deadline for reservations is April 1, 2010.**

**Canadian Members: Please submit monies with a Cashier's Check from a United States Corresponding Bank in U.S. Funds. Thank you.**

**Reservations must be made by everyone planning to attend, including those who are guests. (See listing of guests on Call/Tentative Program.)**

**This form may be copied, as needed.**

**Tickets will be held for you at the door of each event.**

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## *"Early Bird" Breakfast – Grand Representatives'*

7:30 a.m. – SATURDAY, APRIL 24, 2010 - \$23.00 per person

_____	Jurisdiction	Name _____	Title _____	Guest _____
_____	Jurisdiction	Name _____	Title _____	Guest _____
_____	Jurisdiction	Name _____	Title _____	Guest _____
_____	Jurisdiction	Name _____	Title _____	Guest _____

# \_\_\_\_\_ of tickets @ \$23.00 = \$ \_\_\_\_\_ # \_\_\_\_\_ of guest tickets

Please mail completed form with check to: Mr. Albert B. Morelli, P.P.

82 Basswood Road  
Windsor, CT 06095  
Phone: (860) 688-3216

**Make checks payable to:  
Albert B. Morelli**

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## *"The Key Players" Luncheon*

*(Worthy Matrons and Worthy Patrons of 2009-2010)*

12:30 p.m. – SATURDAY, APRIL 24, 2010 - \$32.00 per person

_____	Jurisdiction	Name _____	Title _____	Guest _____
_____	Jurisdiction	Name _____	Title _____	Guest _____
_____	Jurisdiction	Name _____	Title _____	Guest _____
_____	Jurisdiction	Name _____	Title _____	Guest _____

# \_\_\_\_\_ of tickets @ \$32.00 = \$ \_\_\_\_\_ # \_\_\_\_\_ of guest tickets

Please mail completed form with check to: Mrs. Geraldine Stears, P.M.

161 Maskel Road  
South Windsor, CT 06074  
Phone: (860) 644-1638

**Make checks payable to:  
Geraldine Stears**

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## *"Silver Chimes" Luncheon*

*(Worthy Matrons and Worthy Patrons of 2010-2011)*

12:30 p.m. – SATURDAY, April 24, 2010 - \$32.00 per person

_____	Jurisdiction	Name _____	Title _____	Guest _____
_____	Jurisdiction	Name _____	Title _____	Guest _____
_____	Jurisdiction	Name _____	Title _____	Guest _____
_____	Jurisdiction	Name _____	Title _____	Guest _____

# \_\_\_\_\_ of tickets @ \$32.00 = \$ \_\_\_\_\_ # \_\_\_\_\_ of guest tickets

Please mail completed form with check to: Mrs. Helena Langenheim, P.M.

45 Berry Street  
Torrington, CT 06790  
Phone: (860) 489-4723

**Make checks payable to:  
Helena Langenheim**

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