

**CAN - AM WEEKEND EXCHANGE  
FEBRUARY 17, 18 AND 19, 2012  
MANCHESTER NEW HAMPSHIRE**

**ALL ROOMS ARE NON-SMOKING**

**HOTEL RESERVATIONS FROM - RSVP BY JANUARY 27, 2012**

**Please use one form per room**

Name of person paying for room: \_\_\_\_\_  
Title \_\_\_\_\_ Jurisdiction \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State & Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Second Guest: \_\_\_\_\_  
Title \_\_\_\_\_ Jurisdiction \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State & Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Third Guest: \_\_\_\_\_  
Title \_\_\_\_\_ Jurisdiction \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State & Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Fourth Guest: \_\_\_\_\_  
Title \_\_\_\_\_ Jurisdiction \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State & Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Cost per room per night \_\_\_\$112 single \_\_\_\$112 Double \_\_\_\$122 Triple \_\_\_\$132 Quad  
Room type requested: \_\_\_ 2 beds \_\_\_ 1 bed Check in time 3PM Check out 11AM

There will be an \$8. per night charge for the parking garage that will be added to your bill.  
Parking required: Yes \_\_\_\_\_ No \_\_\_\_\_ -

**Does not include 9% tax**

Date of Arrival \_\_\_\_\_ Date of Departure \_\_\_\_\_

Type of Credit Card: MC VISA AmEx DISCOVER  
Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

**RESERVATIONS MUST BY RECEIVED BY JANUARY 27, 2012. RATES AND AVAILABILITY CANNOT BE GUARANTEED BEYOND THIS DATE**

**MAKE CHECKS PAYABLE TO :            RADISSON HOTEL MANCHESTER**

**Requests for refunds for cancellations must be received at least five days prior to scheduled arrival.**

**RV's ARE EXCLUDED FROM HOTEL PROPERTY**

**MAIL FORM TO:**            **Jean VanStelten, Grand Secretary**  
                                 **162 Rockland Ave**  
                                 **Manchester, NH 03102-4152**  
                                 **Phone: 603-625-6058**  
                                 **E-mail: [vanstj@comcast.net](mailto:vanstj@comcast.net)**

**Please detach here for meal packages reservations**

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**The following meal packages are available:**

- |                   |   |                |
|-------------------|---|----------------|
| <b>Package #1</b> | <b>Friday evening dinner, Saturday evening banquet &amp; Sunday breakfast</b> | <b>\$92.00</b> |
| <b>Package #2</b> | <b>Saturday evening banquet and Sunday breakfast</b>                          | <b>\$60.00</b> |
| <b>Package #3</b> | <b>Saturday evening banquet only</b>  | <b>\$38.00</b> |

**Please circle desired package and forward check payable to Bee Keepers in US funds to:**

**Deborah C. Golondzowski**  
**101 Scobie Pond Rd.**  
**`Derry, NH 03038-3709**

**If you are making reservations for more than yourself please list below and we will try to seat you together.**

<b>NAME</b>	<b>TITLE</b>	<b>JURISDICTION</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**All meal packages must be received before February 8, 2012**