

ONE APPLICATION PER ROOM PLEASE PRINT...

- 2024 - AAHLBC REGISTRATION FORM -

Day You Will Arrive:

IMPORTANT (PLEASE CIRCLE) MON. TUE. WED. THUR. FRI.

YOU MUST MAKE YOUR OWN EARLY ARRIVAL HOTEL RESERVATIONS

Room Information VERY IMPORTANT

CHECK Appropriate Choice

NUMBER OF BEDS: 1 2
HANDICAPPED: YES NO

- The hotel has limited handicapped rooms.
- AVAILABILITY IS NOT GUARANTEED.**

IF ARRIVING BY AIR

Arrival Day: _____ Time: _____

BOOSTER CLUB _____

1. LAST NAME: _____ FIRST NAME _____

PLEASE NOTE: PRINT YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR NAME BADGE!

STREET: _____ CITY: _____

STATE or PROVINCE: _____ ZIP or POSTAL CODE: _____

PHONE #: _____ E-mail address: _____

NUMBER OF PREVIOUS CONVENTIONS ATTENDED: _____ MEAL SELECTION _____ (SEE BELOW)

BOOSTER CLUB _____

2. LAST NAME: _____ FIRST NAME _____

PLEASE NOTE: PRINT YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR NAME BADGE!

STREET: _____ CITY: _____

STATE or PROVINCE: _____ ZIP or POSTAL CODE: _____

PHONE #: _____ E-mail address: _____

NUMBER OF PREVIOUS CONVENTIONS ATTENDED: _____ MEAL SELECTION _____ (SEE BELOW)

BOOSTER CLUB _____

3. LAST NAME: _____ FIRST NAME _____

PLEASE NOTE: PRINT YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR NAME BADGE!

STREET: _____ CITY: _____

STATE or PROVINCE: _____ ZIP or POSTAL CODE: _____

PHONE #: _____ E-mail address: _____

NUMBER OF PREVIOUS CONVENTIONS ATTENDED: _____ MEAL SELECTION _____ (SEE BELOW)

BOOSTER CLUB _____

4. LAST NAME: _____ FIRST NAME _____

PLEASE NOTE: PRINT YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR NAME BADGE!

STREET: _____ CITY: _____

STATE or PROVINCE: _____ ZIP or POSTAL CODE: _____

PHONE #: _____ E-mail address: _____

NUMBER OF PREVIOUS CONVENTIONS ATTENDED: _____ MEAL SELECTION _____ (SEE BELOW)

SATURDAY EVENING MEAL SELECTION

(Choose one meal for each person on this sheet)

Grilled NY Strip
w/ Portabella Demi-glace

Chicken Milanese
w/ Lemon Caper Sauce

Potato Crusted Salmon
w/ pink peppercorn beurre blanc

Rolls & Butter, Chef's Choice of starch and vegetable, Triple Chocolate Wedge Cake, Coffee, Tea

Note: YOU MUST MAKE YOUR OWN EARLY ARRIVAL ROOM RESERVATIONS. IF YOU DON'T HAVE A CONFIRMATION NUMBER FOR YOUR EARLY ARRIVAL NIGHTS, YOU DON'T HAVE A ROOM RESERVED!!!

Reservations can be made by calling the hotel **DIRECTLY PHONE NUMBER FOR EXTRA NIGHTS: 570-963-3000** and speak to the front desk **DIRECTLY** When making reservations mention rate code "AMHLBC" or use booking link posted on our Facebook Page.

Prices Are \$138.75 PER ROOM (Rates Include Tax) parking is free in on-site parking.
Mail this form To: AAHLBC Convention, Chip Hanuscik 498 Gaughan Ct. Archbald, Pa 18403 and
Chris O'Shea PO Box 424 Grafton, Ma. 01519-0424