

# **ROARING BROOK RESORT & CONFERENCE FACILITY**

**Reservation Form  
Albacon 2003  
October 10-12, 2003  
Friday - Sunday**

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

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

Phone: [work] (\_\_\_\_) \_\_\_\_-\_\_\_\_ [home] (\_\_\_\_) \_\_\_\_-\_\_\_\_

Arrival Day: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_

Departure Day: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_

### **Accommodations Requested:**

#### **Modified American Plan (includes Breakfast and Dinner)**

Single [ ] Double [ ] Triple [ ] Quad [ ]

#### **European Plan (room only)**

Single [ ] Double [ ] Triple [ ] Quad [ ]

Names of People in the room: \_\_\_\_\_

If children, please indicate ages: \_\_\_\_\_

**Deposit: \$100 per room, must accompany reservation for confirmation**

**Deposits are refundable until September 30, 2003**

**Reservations and deposits are due by September 19, 2003**

We accept Personal Checks, Money Orders, Visa, MasterCard, and American Express

Visa # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

MasterCard # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Amex # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

**Please send or fax completed form to:**

Roaring Brook Resort and Conference Center

P.O. Box 671

Lake George, NY 12845

Fax# (518) 668-4019

Office# (518) 668-5767