

**MASSACHUSETTS COLLECTORS AND TREASURERS ASSOCIATION
39TH ANNUAL SCHOOL - AUGUST 17, 18, 19, 20, 2009
CONFERENCE BLOCK NUMBER 1749**

Reservation Request of the UMass Campus Center Hotel

Fax # (413) 545-1210

Reservations are due by August 3, 2009

Reservations may be made by fax, mail or on-line. To register on-line go to www.aux.umass.edu/hotel Use group code **1749** when registering.

No reservations by phone.

Our mailing address is:

**Campus Center Hotel at UMASS Amherst
One Campus Center Way
Amherst, MA 01003**

Make checks payable to: **Campus Center Hotel**

Name _____ Daytime Phone (____) _____

Address _____

City _____ State _____ Zip Code _____

E-mail address: _____

Please Check Accommodations Required (Note: **All** rooms are now non-smoking.)

___ Single (1 person/night) \$102.00 Arrival Day/Date _____

___ Double (2 people/night) \$102.00 Approximate Time _____

*Preferred bed type for 2 to 4 people Departure Day/Date _____

___ One King Size Bed

___ One Queen Bed

___ Two Double Beds

___ Cot Required \$10.00 per night (Maximum 1 per room)

___ *Special Requests _____

*Based upon availability

If sharing a room with a colleague, will separate bill be required for each individual? ___ Yes ___ No

Name of person with whom sharing a room _____.

Check-in after 3 PM, Check-out is 11 AM.

Name as it appears on Credit Card _____

Credit Card # _____ Exp Date _____

Signature _____

Reservation Policies – Please Read Carefully

Checks and all major credit cards are accepted. Upon check-in a credit card and photo ID is required.

CANCELLATION POLICY: Cancellation for all reservations must be received one day prior to your arrival date. Cancellations received less than 24 hours in advance will be charged the first night's room rate.

University policy prohibits pets in the Campus Center. Parking for Hotel Guests is available in the Campus Parking Garage at a reduced rate.

Hotel Use Only:

Date _____ Clerk _____

Reservation # _____