



**CHATHAM BARS INN
ARTHUR W. PAGE SOCIETY
September 19th – 24th, 2008**

The hotel rate is USD \$235.00 per night for single or double occupancy for Standard (property view) accommodations, - \$275.00 per night for single or double occupancy for Superior (ocean view) accommodations, - \$375.00 per night for single or double occupancy for Suite (property view and ocean view) accommodations, or \$645.00 per night for single or double occupancy for Master Suite (property view and ocean view) accommodations. These rates are subject to 9.7% state and local room tax. These rates will be honored for three days prior to and three days after the conference dates, subject to availability.

All room reservations must be booked directly with Chatham Bars Inn and not through the Arthur W Page Society. A one night deposit is due at booking. As is the case with most resort hotels, adjustments to your bill will not be made for delayed arrival or early departures. Reservations cancelled less than 15 days prior to arrival, will result in forfeiture of your payment. Reservations cancelled more than 15 days prior to your arrival will be refunded minus a USD \$50.00 cancellation fee.

Should you need assistance in making your reservation, please call the Reservations Department at 800-527-4884. The Reservations Department is open Monday – Friday from 8:30 a.m. – 6 p.m., and Saturday & Sunday 9 a.m. – 5 p.m.

The reservation cut-off date is August 29, 2008. Reservations received after this date will be accepted on a space available basis only.

**CHATHAM BARS INN
ARTHUR W. PAGE SOCIETY
September 19th – 24th, 2008
HOTEL RESERVATION FORM
Send by fax: 508-945-6785**

**Or mail to:
297 Shore Road
Chatham, MA 02633
Attn: Reservations**

Please return this form to CHATHAM BARS INN via mail or fax, by August 29, 2008. Reservation requests received will be accepted on a space available basis only.

NAME: _____

MAILING ADDRESS: _____

CITY/TOWN: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE (Daytime): _____ **(Fax)** _____

CREDIT CARD: (Type) _____ **(Number)** _____ **EXP. DATE** _____

SIGNATURE: (required) _____

(I authorize the use of my credit card in accordance to the terms stated above)

TYPE OF ROOM REQUESTED: STANDARD _____ SUPERIOR _____ SUITE _____ MASTER SUITE _____

NUMBER OF PEOPLE IN ROOM: _____

EMAIL ADDRESS: _____

ARRIVAL DATE: _____ **DEPARTURE DATE:** _____

Check-in Time: After 4:00 p.m.

Check-out Time: By 11:00 a.m.