

# Harborside Hotel Reservation Form

Please read carefully and complete this form for your room reservation. Use one form per room/person and mail or fax to the Harborside Hotel & Marina at 207-347-7997 by August 10, 2010. Special requests will be given consideration, but not guaranteed.

**Meeting Name:** Maine Medical Association Annual Session  
**Event Dates:** Friday, September 10 through Sunday, September 12, 2010  
**Deadline:** The Harborside Hotel & Marina Sales Office must receive all reservations by Tuesday, August 10, 2010. Advance deposit is required to confirm your reservation. Uncanceled rooms and early departures will result in forfeiture of the paid deposit. *Check-in is after 4:00 PM and checkout is by 11:00 AM.*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Arrival: \_\_\_/\_\_\_/\_\_\_ Departure: \_\_\_/\_\_\_/\_\_\_

**Room Type:** Rates are based on single or double occupancy. Room rates are subject to applicable taxes (currently 7%) per room, per night.  
 Sunset View King/Double \$189       Deluxe Island View \$215       Deluxe Ocean Front \$235  
 Premium Island View \$245 (King only)       Premium Ocean Front \$265 (King only)

**Payment:**  VISA     MC     Discover     AMEX     Diners Club  
 Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

You have until 72 hours prior to the date of your arrival to cancel your reservation without being charged. **Childcare is available.** Please call 1.800.328.5033 for details.

**Fax or mail completed form to:**  
 Harborside Hotel and Marina, 123 Eden Street Bar Harbor, ME 04609  
 Fax: 207-347-7997 • <http://www.theharborsidehotel.com/> • Phone: 1-800-328-5033

## MMA 157<sup>th</sup> Annual Session Conference Registration Form (please print)

**Name** \_\_\_\_\_  
First                      MI                      Last                      Title  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Tel** \_\_\_\_\_ **Fax** \_\_\_\_\_ **E-mail** \_\_\_\_\_  
(Required for registration confirmation)  
**Spouse/Guest name** \_\_\_\_\_ **Children** \_\_\_\_\_

Conference Fees	
CME credits listed in parentheses	
Full Conference (Fri-Sun)	\$195 x _____
Friday only (3.0)	\$105 x _____
Saturday only (2.0)	\$85 x _____
Sunday only (1.5)	\$50 x _____
<b>Total \$</b>	<b>\$ _____</b>

Conference Meals			
	Adults	Children (under 12)	Totals
Sat. Lunch	\$35 x	\$10 x	\$
Sat. Banquet	\$50* x	\$25 x	\$
Sun. Brunch	\$0 x	\$0 x	No Charge
*Please note if vegetarian option requested _____		<b>Total: \$ _____</b>	

**Total Due (Fees + Meals) \$ \_\_\_\_\_**

Payment enclosed *Checks payable to: Maine Medical Association*  
 Visa     MasterCard    CC # \_\_\_\_\_ Exp. \_\_\_\_\_  
 Cardholder Name \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Mail or fax registration form with payment to:** Maine Medical Association, P.O. Box 190, Manchester, ME 04351  
 Ph: 207.622.3374    Fax: 207.622.3332 or **register online at [www.mainemed.com](http://www.mainemed.com)**