

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 157th 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 _____
Total \$	_____

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 _____		Total: \$ _____	

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**