

REGISTRATION FORM #1: HOTEL PACKAGE

65th Annual Eastern Regional Assembly, Red Cross of Constantine
Red Lion Hotel Harrisburg Hershey, 4751 Lindle Road, Harrisburg, PA 17111
November 1-3, 2024

redcrossconstantine.org/eastern-region/

(PLEASE NOTE: FAX OR PHONE RESERVATIONS WILL NOT BE ACCEPTED.)

Deposits will be refunded only if cancellations are received 24 hours in advance of arrival date.

PLEASE TYPE OR PRINT CLEARLY.

Name _____ Lady's Name (if attending) _____

Address _____

City _____ State _____ Zip+4 _____

Phone (Home) _____ (Cell) _____

(Include a legible email address for the hotel to send confirmation of your reservation.)

Email address _____

Person's Name & Dietary Allergies/Restrictions _____

Conclave _____ State _____ Office _____

United Grand Imperial Council Title _____

Other State/National Masonic Title(s) _____

Please check with your Recorder BEFORE completing the following:

Check Order(s) Needed: Red Cross of C Appendant College of Viceroy's Senate of Sovereigns None

Registration Fee: \$25.00 per person added to your hotel bill

Rates include a smoke-free guest room; meals beginning with dinner on day of arrival (check-in, 4 pm) and concluding with breakfast on day of departure (check-out, 11 am); all taxes; and service charges.

Check the desired package: _____ \$190.00/person/night, single occupancy
_____ \$163.00/person/night, double occupancy
_____ \$153.00/person/night, triple occupancy

Name of person(s) sharing room, **if not your Lady** _____

Check-In-Time: 4:00 pm

Check-Out-Time: 11:00 am

Arrival Date _____ Departure Date _____ Number of Nights _____

Type of Credit Card (Visa, M/C, etc.) _____ Name on Card _____

Credit Card No. _____ Expiration Date _____

Registration to be received prior to October 15, 2024 (After this date, rooms will be on an "if available" basis only. A deposit or credit card of \$100.00 per room is required with this form to confirm your reservation. If writing a check, please make it payable to "The Red Lion Harrisburg Hershey.")

Complete the following section only if you need the hotel shuttle from/to the airport (Harrisburg) or AMTRAK station.

(REMINDER: You are responsible to notify the hotel if any arrival/departure information changes.)

Arrival Date: _____ Airline: _____ Flight No.: _____ Time: _____

Departure Date: _____ Airline: _____ Flight No.: _____ Time: _____

AMTRAK: Arrival Date: _____ Time: _____ Departure Date: _____ Time: _____

If your Lady plans to attend the **Custom Jewelry-making Class with Rhonda** on Saturday, 1:15 pm, please send her name and your check (\$15.00, payable to "Eastern Regional Assembly") by October 15, 2024 to Mr. Victor K. Crooks, II, 295 Vegas Drive, Hanover, PA 17331- 8401.

My lady _____ will attend _____ will not attend _____.

Email this completed form to ron.hess@redlion.com (with subject line of "ERA, Red Cross, 2024"); or mail it with your deposit to the Red Lion Hotel Harrisburg Hershey; Reservations – Attn: Ron Hess; 4751 Lindle Road, Harrisburg, PA 17111. DO NOT USE Red Lion Website. Thank you. Questions? Call 717-939-7841 and ask for Ron Hess.

REGISTRATION FORM #2: COMMUTER OR ADDITIONAL MEALS

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This form is for a Knight Companion who is commuting OR a Knight Companion with a hotel package needing additional meal(s). [Hotel packages include meals, beginning with dinner on day of arrival (check-in, 4 pm) and ending with breakfast on day of departure (check-out, 11 am). For example, a KC arriving Friday and departing Sunday has Friday dinner; Saturday breakfast, lunch, dinner; and Sunday breakfast in his hotel package. A KC arriving Friday night and departing Saturday has Friday night dinner and Saturday breakfast included in his hotel package. If he wants Saturday lunch and/or the banquet, this is the additional form for him to register and pay for his additional meal(s).]

Money will be refunded only if cancellation is received seven days in advance of event.

PLEASE TYPE OR PRINT CLEARLY.

Name _____ Lady's/Guest's Name (if attending) _____

Address _____

City _____ State _____ Zip +4 _____

Home Phone _____ Cell Phone _____

Email address: _____

Name of Conclave: _____ State: _____

Please check with your Recorder BEFORE completing the following:

Check Order(s) Needed: Red Cross of C Appendant College of Viceroy's Senate of Sovereigns None

Office in Conclave or UGIC _____

State/National Office in other Masonic Bodies _____

_____ I/We will be attending the Eastern Regional Assembly as a commuter on November _____.

Although I/we do not need lodging, I am/we are registering for the following meals:

#			
_____	Friday Night Dinner	\$50.00 each	\$ _____
_____	Saturday Breakfast Buffet	\$15.00 each	\$ _____
_____	Saturday Luncheon Buffet	\$25.00 each	\$ _____
_____	Saturday Night Banquet	\$50.00 each	\$ _____
_____	Sunday Breakfast Buffet	\$15.00 each	\$ _____
_____	No meals requested	---	

_____ Registration Fee for each Knight Companion not staying at the hotel: \$10.00 \$ _____

_____ Ladies' Saturday Custom-making Jewelry Class with Rhonda \$15.00 each \$ _____

_____ I/We will attend the Eastern Regional Assembly with a hotel package at the Red Lion (arrival on 11/____ and departure on 11/____) and need the additional following meal(s).

#			
_____	Saturday Luncheon Buffet	\$25.00 each	\$ _____
_____	Saturday Night Banquet	\$50.00 each	\$ _____

Name and Dietary Restrictions/Allergies: _____

I am enclosing a check (# _____) payable to "Eastern Regional Assembly" for ... \$ _____

Deadline for form to be received: October 15, 2024

Mail this completed form with your check to

Mr. Victor K. Crooks, II, Chairman, 295 Vegas Drive, Hanover, PA 17331-8401