RESERVATION FORM ~ NO MEALS
ST. LUKE'S EMERGENCY MEDICINE ~ WILDERNESS MEDICINE CONFERENCE
Friday, April 16 x Sunday, April 18, 2010

Please cooperate by making your reservations by March 1, 2010. Guests arriving early in the day are reminded that rooms are often not ready for occupancy until mid-afternoon. Every effort will be made to accommodate early arrivals, but as our check-out time is 1:00 pm, there will be times when early occupancy is not possible.

A deposit in the amount of **one night's rate** is required to confirm your reservation. The deposit will be applied to your designated length of stay. The deposit is refundable if cancellation is made by March 1, 2010 less a $10.00 processing fee. After this date (March 1, 2010), any cancellations, early checkouts or no shows will result in charges equal to the length of the reservation.

7.5% state tax and 15% service charge are in addition to the nightly room rate below. Payment is required at departure by Cash, Check, Visa, Master Card or American Express.

This form will be a record of your reservation and must be faxed to (570) 595-7285.

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TO: Reservations Manager
Skytop Lodge
One Skytop
Skytop, PA 18357 1-800-345-7759

DATE_____

Arrival Date_____ Departure Date_____

✓ CHECK ACCOMMODATIONS DESIRED

Accommodations ~ Main Lodge	✓	**Single Occupancy Per Room, Per Night**	✓	**Double Occupancy Per Room, Per Night**
Queen Bed (1 queen bed) Main Lodge		$199.00		$199.00

Double Occupancy Sharing room with _____

NAME_____# OF ADULTS_____# OF CHILDREN_____

ADDRESS_____

PHONE NUMBER_____

CREDIT CARD TYPE: VISA_____MASTER CARD_____ AMERICAN EXPRESS_____

CREDIT CARD NUMBER_____EXP DATE_____

Please enclose your check or required deposit information with completed form.
St. Luke's Emergency Medicine ~ Wilderness Medicine Conference – Friday, April 16th x Sunday, April 18, 2010
Booking #183747
I have read and fully understand the terms & conditions of my reservation.

Signature _____