



Hotel Team Reservation Form

Due as part of the team registration materials by April 16, 2010

State: _____ State Coordinator Name (or official designee): _____

Before completing this form, please reserve team guest rooms by calling the hotel at 1-800-266-9432 or by visiting the following website - <https://resweb.passkey.com/go/HSmocktrial2010>. You will be quoted the NHSMTTC guest room rate of \$199.00 plus 15.2% tax. Reserve your team rooms at this rate and obtain guest room reservation confirmation numbers for each room. The Pennsylvania Bar Foundation has generously agreed to subsidize a portion of the rate for up to **5 guest rooms** (for team members only) for up to **4 nights** (Wednesday – Sunday) for all NHSMTTC state teams. To receive the subsidized guest room rate of \$150.00, please note the confirmation numbers and team members' names below:

1. Confirmation Number: _____

Name _____ Name _____

Name _____ Name _____

2. Confirmation Number: _____

Name _____ Name _____

Name _____ Name _____

3. Confirmation Number: _____

Name _____ Name _____

Name _____ Name _____

4. Confirmation Number: _____

Name _____ Name _____

Name _____ Name _____

(Optional/For use if necessary)

5. Confirmation Number: _____

Name _____ Name _____

Name _____ Name _____