

RV Parking Reservation Form
Boxboro Regency Hotel and Conference Center
 242 Adams Place, Boxborough, MA 01719
 Phone: (978) 263-8701 Fax: (978) 266-9429

Please indicate below the number of nights you will need your RV reservation for. Prices are a per day charge. Fax order with credit card authorization form to **(978) 266-9429** and all payments made by check must be received no later than 7 days prior to Show date. Mail all checks to the address above, attention the Executive Office, payable to **Boxboro Regency Hotel and Conference Center**.

IF THE FORM OF PAYMENT IS CREDIT CARD, YOU MUST PROVIDE A COPY OF THE FRONT & BACK OF THE CREDIT CARD OR PROVIDE THE SECURITY CODE FOR AUTHORIZATION. THE SECURITY CODE MAY BE WRITTEN BELOW OR CALLED INTO OUR SALES OFFICE.

General Information

Show Name: Irish Wolfhound Association of New England, Inc.
 Show Date: July 30 & 31, 2017

Name	
Telephone	()
Address	
Email address	
On Site Contact	

RV Parking

#Nights	Arrival/Departure date	Cost per night \$25.00	Total
		=	

Payment Procedures

Credit Card Type: _____ Credit Card Authorization Form: Yes
 _____ No _____ Grand Total \$ _____

Cardholder Name: _____ Card #
 _____ Exp Date _____ security code _____

Check Amount Enclosed _____

Orders without pre-payment will not be processed

RV Parking Reservation Form
Boxboro Regency Hotel and Conference Center
 242 Adams Place, Boxborough, MA 01719
 Phone: (978) 263-8701 Fax: (978) 266-9429

Please indicate below the number of nights you will need your RV reservation for. Prices are a per day charge. Fax order with credit card authorization form to **(978) 266-9429** and all payments made by check must be received no later than 7 days prior to Show date. Mail all checks to the address above, attention the Executive Office, payable to **Boxboro Regency Hotel and Conference Center**.

IF THE FORM OF PAYMENT IS CREDIT CARD, YOU MUST PROVIDE A COPY OF THE FRONT & BACK OF THE CREDIT CARD OR PROVIDE THE SECURITY CODE FOR AUTHORIZATION. THE SECURITY CODE MAY BE WRITTEN BELOW OR CALLED INTO OUR SALES OFFICE.

General Information

Show Name: Irish Wolfhound Association of New England, Inc.
 Show Date: July 30 & 31, 2017

Name	
Telephone	()
Address	
Email address	
On Site Contact	

RV Parking

#Nights	Arrival/Departure date	Cost per night \$25.00	Total
		=	

Payment Procedures

Credit Card Type: _____ Credit Card Authorization Form: Yes
 _____ No _____ Grand Total \$ _____

Cardholder Name: _____ Card #
 _____ Exp Date _____ security code _____

Check Amount Enclosed _____

Orders without pre-payment will not be processed