

# 140<sup>th</sup> IMPERIAL SESSION OF SHRINERS INTERNATIONAL

## MINNEAPOLIS, MINNESOTA, JULY 6 – JULY 10, 2014

NAME:		TEMPLE/AFFILIATION:	
STREET ADDRESS:			CITY:
ST/PROV:	ZIP:	COUNTRY:	DAYTIME PHONE:
<input type="checkbox"/> I WILL NOT REQUIRE A SLEEPING ROOM IN A HEADQUARTERS HOTEL, I WILL HOUSE WITH MY TEMPLE IN THE FOLLOWING HOTEL:			
SINGLE: ( 1 ) Bed	<input type="checkbox"/>	DOUBLE: (2) Beds	<input type="checkbox"/>
ARRV. DATE:		DEPT. DATE:	
MY SPOUSE WILL ATTEND:		<input type="checkbox"/>	FLYING: <input type="checkbox"/> DRIVING: <input type="checkbox"/>
CREDIT CARD INFO RESERVATIONS CANNOT BE MADE WITHOUT THIS INFO		CARD TYPE:	CARD NUMBER:
		EXP. DATE:	
<b>PLEASE NOTE THE HEADQUARTERS HOTELS ARE SMOKE FREE HOTELS</b>		<input type="checkbox"/> Accessible Room <input type="checkbox"/> Hypo Allergenic	<input type="checkbox"/> Other
The hotel(s) will not accept reservations without a credit card guarantee. Please be sure to verify your card number and expiration date prior to submitting. Missing, wrong, or incomplete numbers will delay the processing of your reservation.			
The Temple Potentate or the Recorder on his behalf can request information on available suites by contacting Chris Harrison at Shrine Headquarters by phone at 813.281.0300 Ext. 3066 Monday-Friday 8:00AM – 5:00PM EST.			

### OFFICE OR DISTINCTION CURRENTLY HELD – PLEASE CHECK ALL THAT APPLY

<input type="checkbox"/> Emeritus Temple Representative	<input type="checkbox"/> Elected Temple Representative
<input type="checkbox"/> Registered Member - Colorado Corporation	<input type="checkbox"/> Temple Officer - but not an Elected Rep / Enter Title -
<input type="checkbox"/> Appointed Imperial Marshal's Aide	<input type="checkbox"/> Imperial Committee Member / Enter Committee -
<input type="checkbox"/> Grand Master - State -	<input type="checkbox"/> Hospital Chairman or Vice Chairman / Enter Hospital -
<input type="checkbox"/> Distinguished Guest – Title -	<input type="checkbox"/> Association Officer / Enter Title -
<input type="checkbox"/> Candidate for office of Trustee	<input type="checkbox"/> Candidate for office of Imperial Outer Guard

To avoid errors and misunderstandings, this form should be completed and returned whether or not you request reservations. If you do not need a reservation, just fill in your name and temple/affiliation and mark "NO" on the form. Do not complete the credit card information section; this is only necessary when requesting a reservation through headquarters. As Shriners International cannot assume the liability incurred in making reservations for those who do not respond absolutely no reservations will be made without the return of this form.

By direction of the Imperial Potentate, and in conformity with past practices, the original assignment of rooms will be confined to the Imperial Divan, Past Imperial Potentates, Emeriti Members, Representatives, Temple Officers and their immediate families. If we are unable to assign the exact accommodations you would like, we will assign the nearest comparable type. Any assignment of rooms or public space in a headquarters hotel must be obtained through the office of the Executive Vice President.

**IMPORTANT NOTE:** This is the only request you will receive. If your dates change or if you need to cancel your reservation, **PLEASE NOTIFY THIS OFFICE IMMEDIATELY.**

**PLEASE RETURN THIS RESERVATION FORM EITHER BY E-MAIL TO: [sessionreservations@shrinenet.org](mailto:sessionreservations@shrinenet.org). BY FAX TO 813.281.7103 OR BY MAIL TO: Shriners International, P.O. Box 31356, Tampa, FL 33631-3356. Please note "Session Reservation" on the envelope. RESERVATION FORMS MUST BE RECEIVED BY March 31, 2014.**

Hotel rates charged will include a \$5.00 per room, per night rebate (based on double occupancy) to the 2014 Imperial Session of Shriners International, Inc. It is understood that in order to be housed in a Headquarters Hotel, you must stay for a minimum of (4) nights. The return of this form signifies your acceptance of the room assignment made for you by the office of the Executive Vice President.

**PLEASE RETAIN A COPY FOR YOUR RECORDS \* PLEASE RETAIN A COPY FOR YOUR RECORDS  
OFFICE USE ONLY – OFFICE USE ONLY – OFFICE USE ONLY – OFFICE USE ONLY**

DATE RECEIVED:		DATE POSTED:	
NOTES:			