Name:

 Address:

 City & State:

 Zip:

 Phone #

 Co # :

 Names of those attending the reunion:

 1. 4.

 2. 5.

 3. 6.

 **Hotel Information-Hyatt Regency 124.00 + tax**

King Room Double Room # of rooms\_\_\_\_\_\_\_ # of rooms\_\_\_\_\_\_\_

Handicapped room
# of rooms\_\_\_\_\_\_\_\_

 Wheelchair needed\_\_\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_

 **Credit Card Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Expiration Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Name on Card** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Travel Plans**

 Method of travel :

 Date of Arrival:

Airline Name :

 Flight #

 Time of Arrival

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Departure: Sunday, June 19

 Airline Name :

 Flight #

 Time of Arrival

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Airport transfer information**
 **c*ircle either yes or no***
Yes transfers are needed to and from the Hyatt

No I will make my own arrangements to get to and from the Hyatt
 **Canalside**

Wednesday, June 15, 2016

# of people attending\_\_\_\_\_\_\_\_\_\_\_\_ @ $ 75.00 per person = \_\_\_\_\_\_\_\_\_

**American...Niagara Falls**

Thursday, June 16, 2016

# of people attending\_\_\_\_\_\_\_\_\_\_\_\_ @ $ 80.00 per person = \_\_\_\_\_\_\_\_\_

**Canadian…Niagara falls**

Thursday, June 16, 2016

# of people attending\_\_\_\_\_\_\_\_\_\_\_\_ @ $ 80.00 per person = \_\_\_\_\_\_\_\_\_

**Historic Buffalo**

Friday June 16, 2016

# of people attending\_\_\_\_\_\_\_\_\_\_\_\_

@ $ 75.00 per person = \_\_\_\_\_\_\_\_\_\_

**Salvatore’s**

Saturday June 17, 2016

# of people attending\_\_\_\_\_\_\_\_\_\_\_\_\_

@ $ 90.00 per person = \_\_\_\_\_\_\_\_\_\_

**Meal Package :**

**These prices do include all service charges & taxes**

**The meal plan includes:**

5 daily breakfasts (Wednesday through Sunday)

4 Evening Dinners (Tues. Wed. Thurs. & Fri.)

# of meal plans @ 270.00 per person \_\_\_\_\_\_\_\_\_\_\_

**Total for Meals =** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Due**

Tour Totals ( .00 )

Meal Totals ( .00 )

TOTAL DUE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Send payment via check made payable to the PVO and mail to***

Lenore Angelo

 PO Box 11

Saint Benedict, PA 15773

814-948-9747 or 814-242-9065..pvoangelo @msn.com