

## ***Discounted Room Rate Voucher***

Please present this voucher to the hotel's main desk at check-in time to receive the Rest Easy discounted room rate.

*(If you are planning for an extended stay, ask for additional special rates.)*

***Disclaimer:*** *Dartmouth-Hitchcock has no affiliation with any of these lodging facilities. This brochure is provided as a courtesy for our patients and their visitors.*

**Hotel:** \_\_\_\_\_

**Registering Guest Name:**

\_\_\_\_\_

Date of Hotel Registration: \_\_\_\_\_

Anticipated Length of Stay: \_\_\_\_\_

Number of Guests: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**Home Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

## ***Hotel Accommodation Assistance***

Please complete as many as apply:

Pre-operative Patient

Discharged Patient

Family Member(s)

Friend(s)