

# CAN-AM WEEKEND SCHEDULE OF EVENTS

**February 19, 20 & 21, 2010**

**Sheraton Ferncroft Resort  
50 Ferncroft Rd  
Danvers, Massachusetts 01923**

A fun and fabulous weekend with your Sisters and Brothers from 10 Jurisdictions.

Friday hotel check in is 4:00 PM — Registration 1:00 PM - 4:00 PM

Start off on Friday Evening with a New England Buffet  
7:00 PM to 9:00 PM

Dress is casual no Jeans please  
Friday evening is at your leisure

Saturday Morning Breakfast Buffet  
7:30 AM - 9:30 AM

## **9:00 AM OPTIONAL Bus Tours**

**A) Grand Lodge of Massachusetts:** \$35.00 per person — Lunch included.

**or**

**B) Tour of Fanueil Hall area of Boston:** \$25.00 per person — Lunch on your own.

**Back on bus both tours 1:30 PM  
Return by 2:30 PM**

## **Saturday 3:00 PM to 6:00 PM Exemplification of the Degrees**

Participants from all Jurisdictions

## **Saturday Fire & Ice Banquet**

(Red /White or Red /Silver)

Formal Attire

Social Hour in the Great Hall 6:30 PM

Dinner in the Ballroom 7:30 PM

Entertainment to Follow

## **Sunday Breakfast Buffet**

7:00 AM - 9:00 AM

9:30 AM Combined Worship Service

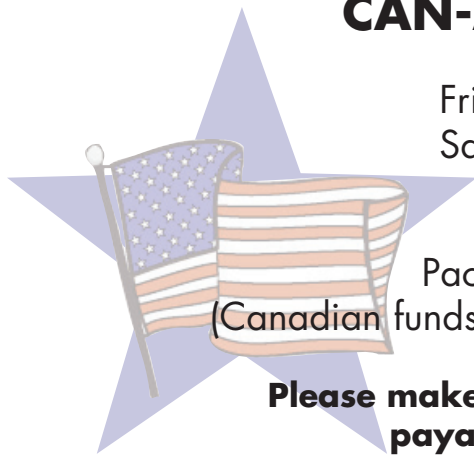
Check out 11:00 AM

## **Hospitality Room**

Fri. 4-7 PM & 8:30 PM-11:30 PM

Sat. 9:30 AM-3 PM & 9PM-11:30PM

# CAN-AM 2010 MEAL PACKAGE



Friday evening New England Buffet  
Saturday & Sunday Breakfast Buffet  
Saturday Night Banquet

Package Price is \$125.00 per person  
(Canadian funds must be drawn on a Bank with a U.S. Branch.)

**Please make payments for the Meal Package by check  
payable to "Stars of Hope" and mail to:**

Barbara McDuffie  
9 Steele Street  
Worcester, MA 01607



Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

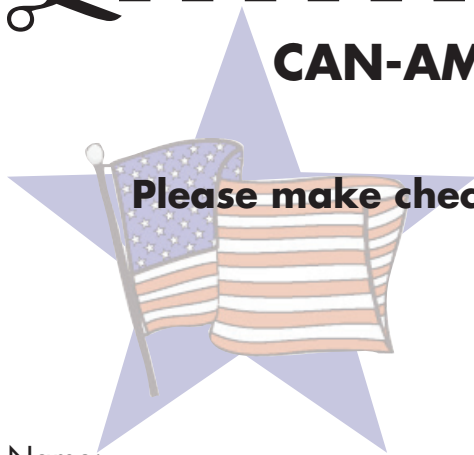
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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_



# CAN-AM 2010 REGISTRATION FORM



**Registration Fee: \$25.00**

**Please make checks payable to "Stars of Hope" and mail to:**

Willie Stone  
81 Fairview Street #3F  
Fitchburg, MA 01420  
978-729-0909



Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Registration Deadline is January 30th 2010**

*One Registration form per person. This form may be duplicated.*

# HOUSING RESERVATION FORM CAN-AM WEEKEND 2010

Sheraton Ferncroft Resort  
50 Ferncroft Road  
Danvers, Massachusetts 01923  
978-777-2500

RATES: (if paying with Canadian funds they  
must be drawn on a Bank with a U.S. Branch.  
1-4 persons per room: \$109.00 plus tax  
Deadline: 1/25/2010  
After 1/25/2010 rates are prevailing rates

**Please mail this reservation form to the Housing Chairman with checks  
payable to: OES HOUSING — A deposit for the first night is required.**

Robert W. McBournie, PGP  
c/o Norton  
54 Howard Avenue  
Buzzards Bay, MA 02532

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Number of People in room: \_\_\_\_\_

**The entire Hotel is NON-SMOKING**

Method of Payment (check #): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

## **Person responsible for room Payment and Reservation:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

## **Names and Titles of those sharing the room:**

Guest #2: \_\_\_\_\_ Title: \_\_\_\_\_

Guest #3: \_\_\_\_\_ Title: \_\_\_\_\_

Guest #4: \_\_\_\_\_ Title: \_\_\_\_\_

Check-in is 4:00 PM — Check-out is 11:00 AM

# CAN-AM 2010 ~~ BUS TOURS

February 20, 2010

Depart Hotel at 9:00 AM — Return: back on bus by 1:30 PM — Arrive Hotel 2:30 PM

## **Grand Lodge of Massachusetts, Boston** *(lunch included)*

**\$35.00 per person**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_



## **Faneuil Hall, Boston** *(lunch on your own)*

**\$25.00 per person**

Depart Hotel at 9:00 AM — Return: back on bus by 1:30 PM — Arrive Hotel 2:30 PM

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please make checks (American funds) payable to **“Stars of Hope”** and mail to:

Willie Stone  
81 Fairview Street, #3F, Fitchburg, MA 01420  
978-729-0909

**Bus Tour Deadline is January 20, 2010**