NYS Athletic Administrators Main Block 2006
March 15, 2006 - March 18, 2006

RESERVATION INFORMATION **(Please type or print legibly)**

Accommodations will be occupied by:

Name(s): Mr./Ms./Dr. _____

Company _____

Address_____

City _____ **State**_____ **Zip Code**_____

Telephone (_____) _____ - _____ **Ext**_____

Fax (_____) _____ - _____

Email _____

Arrival Date_____ **Departure Date**_____

# of Nights _____

# of Adults _____

LIST ROOMMATES

1._____

2._____

CUTOFF DATE: Sunday, February 12, 2006

Please reserve your room before the cutoff date indicated above in order to secure the group rate, **by mailing or faxing** this completed form to the address listed at the bottom of this page.

Check-in time begins: 3:00pm Check-out time: 11:00am

ROOM RATES ARE PER ROOM PER DAY:

# Rooms	Room Type	Single/ Double Rate
_____	Hotel Room	**$108.00/$108.00**
_____	Mini-Suite	**$138.00/$138.00**

The charge for each additional person is $15.00 per person per night. Children under eighteen (18) years of age may stay free in their parent's room using existing bedding. Additional bedding is $15.00 per night per bed. (Limitations apply)

Room rates are subject to combined taxes of 13% unless tax-exempt status has been approved – see tax-exempt information. Such tax is subject to change without notice.

OTHER REQUESTS:

The following are requests only and are on a first come first served basis.

____ King ____ 2 Double Beds

____ Smoking ____ Non Smoking

ADDITIONAL INFORMATION:

For directions please visit the Hotel's website at

www.thesaratogahotel.com

Reservations for this event are NOT able to be booked via the internet.

RESERVATION GUARANTEE / DEPOSIT POLICY:

All reservations must be guaranteed using a credit card or advance deposit.

Guests will be penalized for early departure. All reservations must be guaranteed for the entire stay. Unless the reservation is changed prior to check-in, guests having an early departure will be charged the full room rate for their entire scheduled stay.

Please send a check or money order in the amount of one night's stay; or indicate the appropriate credit card information below. *American Express, Visa, Master Card, Diner's Club* or *Carte Blanche* are all acceptable.

Credit Card Company _____**Exp. Date** _____

Account Number _____

Name of Card Holder _____

Signature _____

CANCELLATION POLICY:
Cancellation less than forty-eight (48) hours prior to the scheduled arrival date will result in forfeiture of your deposit **or** if a credit card was used, a charge equal to one night's stay will be applied to the above credit card.

TAX EXEMPT INFORMATION:
If your exempt organization is paying for your stay the following information applies:
A completed ST 119.1 form as well as a **copy of your form of payment** (Company Check or Company Credit Card) must be received with this form.

If paying by personal check, credit card or cash, the following information applies:
NYS Employees or Employees of its political subdivisions:
A completed AC-946 form must be received with this form. Proper identification will need to be shown at check-in.

US Government Employees:
A completed ST-129 form must be received with this form. Proper identification will need to be shown at check-in.

Group Code: 000590

Return this form to:
The Saratoga Hotel & Conference Center Reservations Department, 534 Broadway, Saratoga Springs, NY 12866
518-584-4000 or 1-888-999-4711 ● Reservations Fax Number: 518-584-7430