



NYS Athletic Administrators Main Block 2008

March 11, 2008 - March 15, 2008

<p>RESERVATION INFORMATION (Please type or print legibly)</p> <p>Accommodations will be occupied by: Name(s): Mr. /Ms. /Dr. _____</p> <p>Company _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Telephone (____) _____ - _____ Ext _____</p> <p>Fax (____) _____ - _____</p> <p>Email _____</p>	<p>Arrival Date _____ Departure Date _____</p> <p># of Nights _____</p> <p># of Adults _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <p>LIST ROOMMATES</p> <p>1. _____</p> <p>2. _____</p> </div>									
<p>CUTOFF DATE: Sunday, February 10, 2008</p> <p>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.</p> <p style="text-align: center;">Check-in time begins: 3:00pm Check-out time: 11:00am</p> <p>ROOM RATES ARE PER ROOM PER DAY:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u># Rooms</u></th> <th style="text-align: left;"><u>Room Type</u></th> <th style="text-align: left;"><u>Single/ Double Rate</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>Hotel Room</td> <td>\$108.00/\$108.00</td> </tr> <tr> <td>_____</td> <td>Mini-Suite</td> <td>\$138.00/\$138.00</td> </tr> </tbody> </table> <p>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)</p> <p>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.</p> <p>OTHER REQUESTS:</p> <p>The following are requests only and are on a first come first served basis.</p> <p style="text-align: center;"> <input type="checkbox"/> King <input type="checkbox"/> 2 Double Beds <input type="checkbox"/> Handicap <input type="checkbox"/> Smoking <input type="checkbox"/> Non Smoking <input type="checkbox"/> Accessible </p> <p>ADDITIONAL INFORMATION:</p> <p style="text-align: center;">For directions please visit the Hotel's website at</p> <p style="text-align: center;">www.thesaratogahotel.com</p> <p>Reservations for this event are NOT able to be booked via the internet.</p>	<u># Rooms</u>	<u>Room Type</u>	<u>Single/ Double Rate</u>	_____	Hotel Room	\$108.00/\$108.00	_____	Mini-Suite	\$138.00/\$138.00	<p>RESERVATION GUARANTEE / DEPOSIT POLICY:</p> <p>All reservations must be guaranteed using a credit card or advance deposit.</p> <p>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.</p> <p>Please send a check or money order in the amount of one night's stay; or indicate the appropriate credit card information below. <i>American Express, Visa, Master Card, Diner's Club or Carte Blanche</i> are all acceptable.</p> <p>Credit Card Company _____ Exp. Date _____</p> <p>Account Number _____</p> <p>Name of Card Holder _____</p> <p>Signature _____</p> <p>CANCELLATION POLICY:</p> <p>Cancellation less than forty-eight (48) hours prior to the scheduled arrival date will result in forfeiture of your deposit <u>or</u> if a credit card was used, a charge equal to one night's stay will be applied to the above credit card.</p> <p>TAX EXEMPT INFORMATION:</p> <p>If your exempt organization is paying for your stay the following information applies:</p> <p>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.</p> <p>If paying by personal check, credit card or cash, the following information applies:</p> <p>NYS Employees or Employees of its political subdivisions:</p> <p>A completed AC-946 form must be received with this form. Proper identification will need to be shown at check-in.</p> <p>US Government Employees:</p> <p>A completed ST-129 form must be received with this form. Proper identification will need to be shown at check-in.</p>
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Return this form to:

The Saratoga Hotel & Conference Center Rooms Control Department, 534 Broadway, Saratoga Springs, NY 12866
518-693-1018 or 518-693-1017 • Rooms Control Fax Number: 518-584-7430