

Holiday Inn Albany

CONFERENCE NAME: NYS Association of School Business Officials

Three night minimum required for Sunday, Monday, and Tuesday evening with continental breakfast included.

Arrival Date: Sunday, July 18th 2010

Departure Date: Wednesday, July 21st 2010

Name: _____ **Address:** _____

Phone: _____ **Fax:** _____ **Email Address:** _____

****HOTEL IS NOT RESPONSIBLE FOR MATCHING ROOMMATES****

- SINGLE TAX EXEMPT ROOM RATE \$405.00
- DOUBLE TAX EXEMPT ROOM RATE \$453.00 (\$226.50 Per Person)
- SINGLE RATE (taxes included) \$456.42
- DOUBLE RATE (taxes included) \$505.86 (\$252.93 Per Person)

Check-in Time: 4:00 p.m.

Check-out Time: 12:00 p.m.

Guests 1) _____ 2) _____

****Reservations must be received prior to 3:00 PM on Friday, June 25th, 2010.**

No Reservations may be made over the phone**

The Hotel Requires Payment information PRIOR TO ARRIVAL. This includes tax-exempt forms.

The following information MUST be forwarded with your registration forms:

- A Copy of the Purchase Order
- A Copy of the Tax-Exempt Form ST-119
- If you are paying with a Credit Card, a photocopy of the card is required with the school name on it. Please specify the use of the credit card being provided. (Ex: Guarantee Rooms, Incidentals, etc.)

*****A DEPOSIT EQUAL TO ONE NIGHT'S STAY IS REQUIRED TO GUARANTEE EACH RESERVATION REQUEST.
ROOMS MAY BE CANCELLED BY 6:00 PM ON THE DATE OF ARRIVAL WITHOUT PENALTY****

Deposit _____ Card Type _____ CC# _____ Expiration Date _____

Please return this form directly to the Hotel:

HOLIDAY INN ALBANY
205 WOLF ROAD
ALBANY, NY 12205
ATTENTION: RESERVATIONS DEPARTMENT
FAX: 518-458-7377