



### HOTEL RESERVATION FORM

October 13-15, 2017  
Ramada Geneva Lakefront  
41 Lakefront Drive, Geneva, NY 14456  
Phone: 315-789-0400; FAX: 315-789-4351  
Group Name: New York State Women, Inc. Block Code: CGKHDS

**Registration Deadline:** September 15, 2017

Name \_\_\_\_\_ **Arrival Date:** \_\_\_\_\_

Address \_\_\_\_\_ **Departure Date:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Special Requests: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Rooming With: \_\_\_\_\_  
Guest Name Only, 1 Form Only

<p><b>Single/Double Rate: \$ <u>149.00 (plus 13.5% = \$169.12)</u></b>  <b>Triple/Quad Rate: \$ <u>159.00 (plus 13.5% = \$180.47)</u></b>  <u>Thursday room rate: \$99.00 (plus 13.5% = \$112.37)</u></p> <p>Rates are for Room Only.</p> <p><b>All meals must be purchased separately using Meeting Registration Form</b></p>
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Reservations received after the reservation deadline are subject to availability and will be charged at regular, hotel rate. Room type is guaranteed but specific room # is not guaranteed. Requests are noted upon reservation.

No refunds for early departure or missed meals

Cancellations may be made up to 7 days prior to arrival;

Less than 7 days – a one night room and tax fee will apply.

**Check-in: 4:00p.m.      Early Check In Requests are not guaranteed      Check-out: 11:00a.m.**

**DEPOSIT PAYMENT:** All reservations must be guaranteed by advance deposit of one night’s stay or credit card.

Credit Card: # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name as it appears on the Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Personal Checks are not accepted.

**Reservations can be made by calling the hotel directly at (315)-789-0400 or by faxing this form to (315)-789-4351. If you choose to fax and don’t receive an email confirmation within 24 hours, please call the hotel to verify reservation.**