NEW YORK STATE women, INC.

HOTEL RESERVATION FORM
Insert venue's name and address; date of meeting
Instructions to call, fax or email reservation as per the Hotel contract; include Group name of identifier for group rate

Registration Deadline: insert date

Name _____   **Arrival Date:** _____

Address_____   **Departure Date:** _____

City _____ State _____Zip_____

Phone _____ Email: _____

Rooming With: <u>insert terms as per Hotel requirement: if one person or every person sharing the room should submit form</u>

RATE: $_____
Rate includes <u>specify room Only or Breakfast/Meals that might be included</u>

All other meals must be purchased separately using Meeting Registration Form

Rate Per room: $ ____ plus ____% tax + $_____ occupancy tax = $_____ including taxes
<u>Additional information (maximum per room cost of roll-away, etc.)</u>

Reservations received after the reservation deadline are subject to availability and will be charged at regular, hotel rate. No refunds for early departure or missed meals - - cannot guarantee room type or room location.

Cancellations may be made up to <u>insert hotel cancellation policy</u>

Check-in: <u>insert time</u> p.m.   **Check-out: <u>insert time</u>**

DEPOSIT PAYMENT:

All reservations must be guaranteed by advance deposit of one night's stay or credit card.

Check (payable to <u>hotel name</u>) # _____   Amount $_____

Credit Card: # _____   Type _____

Name as it appears on the Card:_____   Exp Date_____

Card Holder Signature:_____