

NYS School Counselors Assn
November 13, 2008 - November 15, 2008

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: Tuesday, October 14, 2008

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. Reservations will also be accepted over the telephone. Please call and ask for Special Rate Plan **AAJF**:

Toll Free: **888-866-3596** or Direct: **518-584-4000**

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	\$145.00
_____	Signature Suite	\$175.00

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 ____ Handicap
 ____ Smoking ____ Non Smoking ____ Accessible

ADDITIONAL INFORMATION:

For directions please visit the Hotel's website at

www.thesaratogahotel.com

Reservations for this event are also able to be booked via the internet. Use Group/Convention Code **AAJF**

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, MasterCard, 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.

Return this form to:

The Saratoga Hilton Reservations Department, 534 Broadway, Saratoga Springs, NY 12866
Reservations Fax Number: 518-584-7430 • Questions or General Information: 518-693-1017 (or 1018)