



A Member of the Hilton Family of Hotels

Thank you for requesting reservations at the Doubletree Hotel Tarrytown. Our entire staff would like to extend a warm welcome to you during your upcoming meeting.

Your reservation will be confirmed upon receipt of one night's room and tax or credit card guarantee. Your deposit must be received within 30 days from the date your reservation is made. Advance deposit is refundable if you cancel at least 24 hours before your scheduled arrival date. If you are using a voucher to pay, please fax or enclose a copy of the voucher with this form and that will be accepted as your deposit.

You may send a check for your deposit, or secure your reservation to a credit card along with this form. Please complete the credit card information on this form to authorize your reservation guarantee. You may call the Hotel directly during normal business hours at (914) 631-5700 and book your room with our Reservation Department, after hours your call will be forward to the National Reservation Office.

If the room will be shared by more than one person, please include the names of the additional occupant. Check out time is 12 noon and rooms may not be available for check in until 3:00pm.

You can also register at the Doubletree Hotel Tarrytown by visiting our website: www.tarrytown.doubletree.com and placing NCA in the space for the Group/Convention Code.
NYS SCHOOL COUNSELOR EDUCATION FOUNDATION (NYSSCA)
Wednesday, November 3, 2010- Saturday, November 6, 2010
Reservation Cut Off Date – Monday, October 3, 2010

(Please print or type)

Name: _____ Phone #: _____

E-Mail: _____ Fax #: _____

School/Agency: _____

Address: _____

City/State/Zip: _____

Sharing Room With: _____

Arrival Date: _____ Departure Date: _____

Room Rates: _____ \$124.00 Single _____ \$124.00 Double _____ \$134.00 Triple _____ \$144.00 Quad

Tax Exempt Status: NYS Exemption status can only be provided if the hotel is supplied with the appropriate tax exemption certificate. Please fax your tax exempt certificate before your arrival to help make your check in process go smoothly. Please note that the name and method of payment must match the name on the tax exemption certificate. All other transactions will be taxable.

Please Check Preferred Accommodations

_____ King Size Bed _____ (2) Double Beds _____ Smoking _____ Non-Smoking

The Doubletree Hotel Tarrytown will attempt to accommodate your request; however, at times, this may not be possible. We will provide the best available room.

Make Voucher, Check or Money Order
Payable to:
Doubletree Hotel Tarrytown
455 So. Broadway, Tarrytown, NY 10591
Do Not Send Currency

Credit Card Information
I hereby authorize the Doubletree Hotel Tarrytown to guarantee my reservation to the following credit card.
Credit Card #: _____
Authorized Signature: _____
Expiration Date: _____