

Hotel Reservation Form

Empire State Association of Assisted Living (ESAAL)

Sunday, May 2 – Wednesday, May 5, 2010

Room Block Cutoff Date:

Thursday, April 1, 2010

Please reserve your room before this date to secure the group rate.

Reservation Guarantee:

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 indicate the appropriate credit card information below. Visa, Master Card, American Express & Discover are all acceptable. Or send a check or money order in the amount of one night's stay.

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 credit card.

Tax Exempt Information:

If your **Exempt Organization** is paying for your stay, the following procedures apply:

If payment is by the Organization's Check, a completed **ST-119.1** and the Organization's Check must be sent with this form.

If payment is by the Organization's Credit Card, a completed **ST-119.1** and a copy of the Organization's Credit Card must be available upon check-out to guarantee tax exempt status.

If you are paying by personal check, credit card or cash, and you are a government employee of the United States, New York State, or a Political Subdivision of New York State:

A fully completed **ST-129** Exemption Certificate must be received with this form, and must be signed by the individual staying in the room.

If more than one person or exempt organization is paying for this reservation, a separate exemption certificate and the appropriate documentation is required for each individual.

Complete this form and return by fax or mail to the address listed at the bottom of this page. Reservations can also be made by calling 888-866-3596 or online at www.thesaratogahotel.com and requesting the following **Group Code: PPEX**

ROOM RATES: (rates below do not include meals)

<u># Rooms</u>	<u>Room Type</u>	<u>Room Rate</u>
_____	Hotel Room	\$184.00 single / \$204 Double

The charge for the third or more persons is \$35.00 per person per night. Children under eighteen (18) years of age may stay free in their parent's room using existing bedding.

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. **Self Parking** is available for hotel guests at \$5.00 per vehicle per night.

Reservation Information:

Arrival: _____ Departure: _____ # Nights _____ # People _____

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____ Hilton HHonors# _____

List Roommates

(please only submit one form per room)

Guarantee: Credit Card Deposit Check Attached

Card #: _____ Exp Date: _____

Name on Card: _____

Signature: _____

Other Requests:

The following are requests only and are on a first come first served basis

_____ King _____ 2 Double Beds _____ Handicap Accessible

For availability of room upgrades, contact the hotel directly at 518-693-1017 or 518-693-1018

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

ESAAL does not process room reservations or cancellations