



PAVILION GRAND HOTEL — SARATOGA SPRINGS, NY
 Welcomes the New York Press Association
 Thursday, April 6 - Sunday, April 9, 2017

HOTEL RESERVATION FORM **PAVILION GRAND HOTEL**

ROOM CUT OFF DATE — FRIDAY, MARCH 10, 2017 **GROUP CODE: NYPAC**
CHECK-IN — 4:00 PM • CHECK-OUT — 11:00 AM

Thank you for selecting the Pavilion Grand Hotel. In order to make your reservation process more efficient, please complete this reservation form and return it to the hotel either by mail or fax. We will return a confirmation to your attention. Please note that reservations must be received prior to the cut-off date listed below in order to receive the discounted group rate. **Otherwise, reservations will be taken only on a space and published rate available basis.**

Complimentary self-parking is available at the hotel, for conference attendees, based on availability.
Single or double occupancy — Starting at \$159 up to \$359.00 per (depending on room style) + applicable taxes.

PLEASE PRINT OR TYPE: (CLEARLY)

Arrival Date: _____ Departure Date: _____
 Guest Name: _____ Daytime Phone: _____
 Company Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email Address: *(You'll receive your confirmation via this email)* _____
 Sharing Room with: *(Please be sure that only the main guest submits this form)* _____

We will do our best to accommodate your requests, however, at times this may not be possible. We will always select the best room available.

OCCUPANCY: (Request Only) Single Studio Signature Studio Suite Deluxe 1 Bdrm Suite

DEPOSIT: All reservations require a guarantee in the form of a credit card number or one (1) night's deposit. Reservations must be cancelled 72 hours in advance of arrival. Guests who depart early will still be charged for their confirmed dates. Guests have up to 72 hours PRIOR to arrival to change reservations accordingly. Rates are subject to applicable NYS Sales and Occupancy Taxes (currently 13%) unless an individual tax-exempt certificate is received by the hotel with this form.

DEPOSIT METHOD OF PAYMENT:

Deposit Amount: _____
 Credit Card # _____
 Name: _____
 Expiration Date: _____ CVV2: _____
 Signature of card holder: _____



MAIL, FAX or EMAIL to Laura Simiele at:
DO NOT SEND CURRENCY — Make Checks or Money Orders Payable to:

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