



2017 SPRING CONFERENCE AND TRADE SHOW



HOLIDAY INN — SARATOGA SPRINGS, NY
Welcomes the New York Press Association
Thursday, April 6 - Sunday, April 9, 2017



Holiday Inn
SARATOGA SPRINGS

HOTEL RESERVATION FORM

ROOM CUT OFF DATE — FRIDAY, MARCH 10, 2017
CHECK-IN — 2:00 PM • CHECK-OUT — 11:00 AM

Thank you for selecting the Holiday Inn Saratoga Springs. 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.**

THIS IS NOT THE HOTEL THAT IS HOSTING NYPA'S CONVENTION. It is for sleeping room alternatives.

Single or double occupancy — \$139.00 + applicable taxes.

PLEASE PRINT OR TYPE: (CLEARLY)

Arrival Date: _____ Departure Date: _____ **GROUP CODE: PR4**

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) 1 king bed 2 double beds

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. Rates are subject to applicable NYS Sales Tax (currently 13%) unless an individual tax-exempt certificate is received by the hotel with this form. If paying via purchase order, a copy of the purchase order must accompany this form, and the original form must be presented upon check-in.

DEPOSIT METHOD OF PAYMENT:

Deposit Amount: _____

Credit Card # _____

Name: _____

Expiration Date: _____ CVV2: _____

Signature of card holder: _____

MAIL OR FAX TO JOANNE KIRKPATRICK AT:

DO NOT SEND CURRENCY — Make Checks or Money Orders Payable to:

HOLIDAY INN SARATOGA SPRINGS
232 Broadway, Saratoga Springs, NY 12866

Phone: 518-584-4550
Fax: 518-580-1924

All rooms feature one king or two double beds, air conditioning, cable TV, coffee maker, hair dryer, microwave and refrigerator.

