

**NYS Athletic Administrators Main Block 2010**  
**March 15, 2010 - March 19, 2010**

**Room Block Cutoff Date:**

**Saturday, February 13, 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.*

**Purchase Orders:**

Purchase Orders or Vouchers are not accepted for guarantee but may be used for payment if submitted to the hotel at least 48 hours prior to arrival. These **cannot** be accepted at check-in.

*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](http://www.thesaratogahotel.com) and requesting the following **Group Code: ACVN***

**ROOM RATES:**

<u># Rooms</u>	<u>Room Type</u>	<u>Single/Double</u>
_____	Standard Hotel Room	\$115.00/\$115.00
_____	Signature Suite	\$158.00/\$158.00

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.

Self Parking: Complimentary parking.

**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                      \_\_\_\_\_ Smoking                      \_\_\_\_\_ Handicap Accessible  
 \_\_\_\_\_ 2 Double Beds                      \_\_\_\_\_ Non Smoking

**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: 518-584-4000 x602 or x603**