



MEALS ONLY REGISTRATION FORM DTSDE INSTITUTE-NOVEMBER 2013

**OVERNIGHT ROOM ACCOMMODATIONS MUST BE PAID WHERE LODGING IS RESERVED
MEAL REGISTRATION AND OVERNIGHT ROOM ACCOMMODATION PAYMENT MUST BE RECEIVED
SEPARATELY**

**Each participant must complete and fax this Registration Form for meals only to the Holiday Inn
Express & Suites Latham NY at 518-785-0231**

REGISTRATION FOR MEALS ONLY INCLUDES:
TUESDAY, NOVEMBER 19TH, 2013 - BREAKFAST, LUNCH, DINNER WEDNESDAY, NOVEMBER 20TH, 2013 - BREAKFAST, LUNCH
TOTAL COST FOR MEALS (TUESDAY/WEDNESDAY) -\$86.00 PLUS TAX UNLESS ST-129 FORM IS PRESENTED

District Name /Role (District Rep., OEE, SESIS, RBE-RN): _____ / _____	I attended previous DTSDE training: Yes No
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Guest Name: _____

Home Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Dietary needs: **Gluten free** **Vegetarian** **Vegan** **Kosher** **Diabetic**

Allergy (describe/type) : _____

All registrations must be guaranteed with a valid credit card, purchase order or school check

Registrations must be cancelled 72 hours in advance of arrival to receive a refund

If paying by purchase order or school check, a copy of the document must be faxed with the Registration Form to guarantee registration.

Make school checks or money orders payable to the Holiday Inn Express & Suites Latham.

PLEASE NOTE: A credit card in your name, district purchase order or school check must be provided upon arrival as payment for meals.

Cardholder Name: _____

Credit Card Number: _____

Card Expiration: _____

Authorized _____

Purchase Order or _____

School Check# _____