



# MEALS ONLY REGISTRATION FORM

## DTSDE INSTITUTE -SEPTEMBER 2013

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

Complete and fax this Registration Form for meals only to the Hilton Albany  
at 518-462-8192 by Wednesday, September 11, 2013

Confirmations will be e-mailed to individuals who provide a valid e-mail address.

REGISTRATION FOR MEALS ONLY INCLUDES:
<b>TUESDAY, SEPTEMBER 24, 2013</b> - CONTINENTAL BREAKFAST, LUNCH, DINNER
<b>WEDNESDAY, SEPTEMBER 25, 2013</b> - CONTINENTAL BREAKFAST, LUNCH, DINNER
<b>THURSDAY, SEPTEMBER 26, 2013</b> - CONTINENTAL BREAKFAST, LUNCH, DINNER
<b>FRIDAY, SEPTEMBER 27, 2013</b> - CONTINENTAL BREAKFAST, LUNCH
<b>\$213.00</b> WITH TAX EXEMPT FORM ST-129 <u>sent with</u> Registration
<b>\$230.04</b> WITH THE 8% NYS SALES TAX

District Affiliation and Role (District Rep., OEE, SESIS, RBE-RN): _____	I attended previous DTSDE training: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Guest Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Dietary needs:  Gluten free  Vegetarian  Kosher  Vegan

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.

*Payment must be presented by ALL participants at the DTSDE Registration Area in the Hilton Albany Hotel.*

*Make school checks or money orders payable to the Hilton Albany Hotel*

**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 Signature: \_\_\_\_\_

Purchase Order or

School Check # \_\_\_\_\_