NYSED P-2 ELA Professional Development

Wednesday, May 15 - Thursday, May 16, 2013

All Starred items must be completed or your reservation form will be returned for completion

ONE FORM IS REQUIRED PER ATTENDEE

Reservation deadline: Noon, Friday, May 10, 2013

**CONTACT INFORMATION

Main contact staying in room:	Roommate:
Organization:	
Billing Address:	City/State/Zip:
Phone Number(s) (Day and Evening):	Email:

**REGISTRATION

Registration fee is in addition to the room rate if you are staying at The Desmond.

Staying at the Desmond: ☐ Yes ☐ No

If no, complete Registration section only. If yes, complete Registration and Room reservation sections.

☐ Registration fee $70 includes breakfast and lunch Dietary restrictions:

**ROOM RESERVATIONS - $104.00 PER NIGHT

NYSED will pay for double occupancy on 5/14 and 5/15 only. If a single room is requested the guest is responsible for the entire rate of $104.00. NYSED will not reimburse any portion of a single room. The hotel will not assign roommates.

Arrival:	Departure:	Total Number of Nights:				
Room Type (check one):	☐ One Bed	☐ Two Beds	☐ Accessible (One Bed)			

**PAYMENT INFORMATION

Payment can be made in the form of a credit card, check or purchase order. NYS taxes will apply if proper tax exempt documentation (ST-119 and ST-129 only) is not provided with this form. If paying by check or purchase order, the hotel must receive the actual check or a copy of the purchase order with your reservation. Please make checks/purchase order payable to The Desmond. If paying by credit card, the hotel must receive a completed credit card authorization form, a photocopy of the front and back of the card and a photocopy of the cardholder's photo ID.

REGISTRATION FORMS WILL NOT BE ACCEPTED WITHOUT A METHOD OF PAYMENT

Method of Payment	☐ Purchase Order P.O. Number:	☐ Check Check Number:
☐ Credit Card Number:	C.C. Exp:	Signature:

PLEASE SEND ALL COMPLETED RESERVATION FORMS TO:

The Desmond Fax: (518) 869-7659 or Email: abloss@desmondhotels.com

FOR ALL QUESTIONS PLEASE CALL Rob Sgarlata at 518-640-6185

If you find that you need to cancel your registration please do so 72 hours prior to arrival. Reservation cancelled after 72 hours prior to arrival will be billed a registration fee and one night room and tax.

The Desmond
Hotel & Conference Center

Credit Card Authorization Form

Cardholder Name: (please print) _____

Company or Account Name: _____

Card Type: (please circle) AmEx Visa MasterCard Discover

Card Number: _____

Card Expiration Date: _____

I hereby authorize The Desmond Hotel & Conference Center, located at 660 Albany-Shaker Road Albany NY 12211, to charge this card for the following:

- Room and tax charges _____
- Banquet charges only _____
- All charges on master bill _____

_____ _____
Signature of Cardholder Date

****

(Hotel use only)

Res ID # _____ Date of event _____

Group Name _____

Misc notes _____

_____

_____

660 Albany-Shaker Rd, Albany, New York 12211