



**VENDOR REQUEST  
FOR HOTEL ACCOMMODATIONS  
VITAL SIGNS 2001 Albany NY  
ONE FORM FOR EACH ROOM MUST BE SUBMITTED.**



For additional rooms copy as needed. For individuals that need to be in the same hotel, please note as such and submit requests at the same time.

| Hotel  | Single         | Double         |
|--|----------------|----------------|
| <b>Crowne Plaza (HQ)</b>   | <b>\$95.00</b> | <b>\$95.00</b> |
| Tax in Albany County is 11%  |                |                |
| <p>The Crowne Plaza is located at State and Lodge Streets, Albany NY. It is a full service hotel with shuttle service from the Airport as well as the Train station.<br/>It is located three blocks away from the Empire State Plaza Convention Center</p> |                |                |

To hold your room, provide credit card information below **PLEASE PRINT CLEARLY**

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Visa M/C Amex Disc      EXP DATE \_\_\_\_\_

Signature \_\_\_\_\_

One Room will be reserved for : **(print clearly in pen)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, NY ZIP \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Evening Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1-Bed \_\_\_\_\_    2 Beds \_\_\_\_\_    Preference for    Smoking \_\_\_\_\_    Non-Smoking \_\_\_\_\_

Please indicate if you are physically challenged or have special room requirements: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

Number of people in room: \_\_\_\_\_

Names of other guests in room: \_\_\_\_\_

Requests **MUST** be received prior to September 20, 2001 Mail to:

**Housing Bureau  
Albany County Convention & Visitors Bureau  
25 Quackenbush Square  
Albany, NY 12207**

Fax submissions can be accepted at 518-434-0887

NO PHONE CALLS PLEASE

You will receive notice of your hotel assignment with in ten days.

**For the latest events and happenings in Albany visit our web site at  
[www.albany.org](http://www.albany.org)**