



NYS EDUCATION DEPARTMENT

NETWORK TEAM INSTITUTE HOTEL REGISTRATION FORM

WEDNESDAY, FEBRUARY 8 – FRIDAY, FEBRUARY 10, 2012

RESERVATION DEADLINE: FRIDAY, FEBRUARY 3, 2012



CONFERENCE REGISTRATION FEE: \$137.00 PER PERSON, PLUS NYS TAX *(IF APPLICABLE)

Payment can be made in the form of a credit card, check or purchase order. Please note that a credit card will be needed to guarantee all registrations.

Please make checks/purchase orders payable to Holiday Inn Albany

The credit card will not be charged if another form of payment is submitted by the conclusion of the conference.

LEA/BOCES:	
ADDRESS:	
CITY/STATE/ZIP CODE:	
PHONE NUMBER:	

PAYMENT INFORMATION

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH PERSON ATTENDING THE INSTITUTE. IF YOU HAVE MORE THAN FOUR PEOPLE ATTENDING FROM YOUR LEA/BOCES PLEASE COMPLETE MULTIPLE REGISTRATION FORMS AND SEND TOGETHER. IF PAYMENT IS THE SAME FOR ALL ATTENDEES PLEASE WRITE "SAME" UNDER METHOD OF PAYMENT.

Attendee 1: Method of Payment:		Attendee 2: Method of Payment:	
Credit Card Number: Name of Cardholder: Expiration Date: Signature:		Credit Card Number: Name of Cardholder: Expiration Date: Signature:	
Purchase Order # or Check #: Name of LEA/BOCES: (please include copy of the PO with reservation form)		Purchase Order # or Check #: Name of Agency: (please include copy of the PO with reservation form)	
Attendee 3: Method of Payment:		Attendee 4: Method of Payment:	
Credit Card Number: Name of Cardholder: Expiration Date: Signature:		Credit Card Number: Name of Cardholder: Expiration Date: Signature:	
Purchase Order # or Check #: Name of LEA/BOCES: (please include copy of the PO with reservation form)		Purchase Order # or Check #: Name of LEA/BOCES: (please include copy of the PO with reservation form)	

OVERNIGHT ROOM RESERVATION INFORMATION – OVERNIGHT ROOM RATE \$104.00 PER ROOM/PER NIGHT

THE HOTEL IS NOT RESPONSIBLE TO ASSIGN ROOMMATES. UNLESS OTHERWISE INDICATED, ATTENDEES 1 & 2 WILL BE ROOMED TOGETHER AND ATTENDEES 3 & 4 WILL BE ROOMED TOGETHER. NYS ED WILL BE BILLED FOR DOUBLE OCCUPANY ROOMS ONLY. IF SINGLE ACCOMODATIONS ARE REQUESTED YOU WILL BE RESPONSIBLE FOR YOUR OWN PAYMENT. IF YOU ARE ARRIVING PRIOR TO FEBRUARY 7 OR DEPARTING AFTER FEBRUARY 10 YOU WILL BE RESPONSIBLE FOR YOUR OWN PAYMENT. OVERNIGHT ROOM PAYMENT (IF APPLICABLE) WILL NEED TO BE INCLUDED WITH THE ABOVE PAYMENT INFORMATION.

Attendee 1 Arrival Date: <input type="text"/> Departure Date: <input type="text"/>	<input type="checkbox"/> Check for Single Room	Attendee 2 Arrival Date: <input type="text"/> Departure Date: <input type="text"/>	<input type="checkbox"/> Check for Single Room
Attendee 3 Arrival Date: <input type="text"/> Departure Date: <input type="text"/>	<input type="checkbox"/> Check for Single Room	Attendee 4 Arrival Date: <input type="text"/> Departure Date: <input type="text"/>	<input type="checkbox"/> Check for Single Room

TAX EXEMPT INFORMATION

Exemption from NYS & Local Taxes will only apply if the Hotel is supplied with the proper Exemption Certificate prior to arrival. Tax Exemption Forms should be included when submitting your Reservation Form. Please note that your form of payment must match your exemption form to be considered exempt. If the exemption form is not on file prior to arrival, you will be billed tax.

SPECIAL REQUEST: DIETARY RESTRICTIONS/HANDICAP ACCESSIBILITY

Attendee 1:		Attendee 2:	
Attendee 3:		Attendee 4:	

PLEASE FORWARD COMPLETED RESERVATION FORMS TO: Fax: 518-533-1792 or Email: nsweeney@hialbanywolf.com

FOR QUESTIONS PLEASE CALL 518-533-1782