Conference Name: Upstate New York Junior Sciences & Humanities Symposium (SUNY Albany)

Room Block Name: Research Foundation of SUNY Upstate NY JSHS

Arrival Date: Thursday, March 12, 2015
Departure Date: Friday, March 13, 2015

Name of School: _________________________________________________
Address: ______________________________________________________
Phone: __________________________ Fax: __________________________
E-Mail Address: ________________________________________________

**HOTEL IS NOT RESPONSIBLE FOR MATCHING ROOMMATES**
$129.00 is the room rate. *Includes continental breakfast in private meeting room or restaurant; hotel’s discretion.*

Name of Students:

Room #1
1.) __________________________
2.) __________________________
3.) __________________________
4.) __________________________

Room #2
1.) __________________________
2.) __________________________
3.) __________________________
4.) __________________________

Room #3
1.) __________________________
2.) __________________________
3.) __________________________
4.) __________________________

Room #4
1.) __________________________
2.) __________________________
3.) __________________________
4.) __________________________

Room #5
1.) __________________________
2.) __________________________
3.) __________________________
4.) __________________________

Room #6
1.) __________________________
2.) __________________________
3.) __________________________
4.) __________________________

Name of Teacher(s):
Room #1 __________________________ Room #2 __________________________

Other (Bus Driver) ________________________________________________

Reservations must be received prior to Thursday, February 19, 2015.
New York State & County Taxes are Not Included

The hotel requires payment information prior to arrival. This includes tax-exempt forms. The following information must be forwarded with your registration forms:

Examples:
A copy of the tax-exempt form ST-119
School Check
If you are paying with a credit card, a copy of the card is required with the school name on it.

Cancellation notice is required for a refund by 6pm on March 12, 2015.

Payment Amount Enclosed: ________________________________
Credit Card Number: ________________________________
Expiration Date: ________________________________

CHECK IN TIME: 3:00 PM, March 12, 2015
CHECK OUT TIME: 12:00 NOON, March 13, 2015

PLEASE return this form directly to the hotel.

Hilton Garden Inn Albany/SUNY Area
1389 Washington Avenue
Albany, NY 12206

Fax # 518-453-1301

Please call the phone numbers below if you have any questions:

(518)-453-1300 ext. 153
Ashley Brozenic