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

Room Block Name: The Research Foundation of SUNY Upstate NY JSHS

Arrival Date: Tuesday, March 8, 2016
Departure Date: Wednesday, March 9, 2016

Name of School: ____________________________________________________
Address: ___________________________________________________________
Phone: _________________________ Fax: _________________________________
E-Mail Address: _____________________________________________________

**HOTEL IS NOT RESPONSIBLE FOR MATCHING ROOMMATES**
$129.00 is the room rate. *Includes breakfast. Up to 2 people per room*

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 Monday, February 22, 2016.
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 or ST-129
School Check (purchase orders not accepted)
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 4:00PM on March 7, 2016.

Payment Amount Enclosed: ______________________________
Credit Card Number: ______________________________
Credit Card Type: ______________________________
Expiration Date: ______________________________

CHECK IN TIME: 3:00 PM, March 8, 2016
CHECK OUT TIME: 12:00 NOON, March 9, 2016

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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:

Kailee Marafito
518-453-1300 x 152