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

Room Block Name: 
SUNY-Science Research Program

Arrival Date: Wednesday, March 13, 2013
Departure Date: Thursday, March 14, 2013

Name of School: ____________________________________________________________

Address: __________________________________________________________________

Phone: ____________________________ Fax: _______________________________

E-Mail Address: ___________________________________________________________

**HOTEL IS NOT RESPONSIBLE FOR MATCHING ROOMMATES**

$75.00 for Single or Double and $80.00 for Triple or Quad Occupancy

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.) ____________________________
Names of Teachers:
Room #1 ________________________ Room #2 ________________________

Other (Bus Driver) __________________________________________________

Reservations must be received prior to Monday, March 4, 2013.

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 purchase order
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.

A deposit equal to one night’s stay is required to guarantee each reservation request. A 72-hour cancellation notice is required for a refund of your deposit.

Deposit Enclosed: ________________________________
Credit Card Number: ______________________________
Expiration Date: _________________________________

CHECK IN TIME:  3:00 PM, March 13, 2013
CHECK OUT TIME:  12:00 NOON, March 14, 2013

PLEASE RETURN THIS FORM DIRECTLY TO THE HOTEL:

Days Inn Albany SUNY
1230 Western Ave.
Albany, NY 12203

Fax # (518)-446-1917

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

(518)-489-4423
Front Desk