

# NY STATE ELKS SPRING CONVENTION HOTEL ALBANY

May 17-20, 2012

Thank you for selecting the Hotel Albany. In order to make your reservation process more efficient, please complete this reservation form and return it to the hotel either by mail or fax. We will return a confirmation to your attention. Please note that reservations must be received prior to the cut off date listed below in order to receive the discounted group rate. **Otherwise, reservations will be taken only on a space and published rate available basis.**

For courtesy van transportation from Amtrak Station or Albany Airport, please call our bell captain at (518) 462-6611 ext 2242 OR use the courtesy phone at the baggage claim area at the Albany Airport when you arrive.

**Self-parking is complimentary at the hotel.**

|                   |          |                      |  |
|-------------------|----------|----------------------|--|
| <b>Check In:</b>  | 4:00 PM  | <b>Cut Off Date:</b> | April 9, 2012  |
| <b>Check Out:</b> | 11:00 AM | <b>Room Rates:</b>   | \$433.00 per person,<br>Single Occupancy<br>\$241.00 per person,<br>Double Occupancy |

**\*\*Please note: Only Three Day Package Available\*\***

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_  
Guest Name: \_\_\_\_\_  
Lodge Name and Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Sharing room with: \_\_\_\_\_

Please Check Preferred Accommodations: \_\_\_\_\_ King Size Bed \_\_\_\_\_ 2 Double Beds  
\_\_\_\_\_ Non Smoking \_\_\_\_\_ Smoking

*We will do our best to accommodate your requests, however, at times this may not be possible. We will always select the best room available.*

All reservations require a *guarantee* in the form of a credit card number or one (1) night's deposit. Reservations must be cancelled 48 hours in advance and have **valid cancellation number** to have your deposit refunded. Rates are subject to applicable NYS Sales Tax (currently 14%) unless an individual tax-exempt certificate is received by the hotel. If paying via purchase order, the original purchase order must accompany this form. The credit card information below is to guarantee your reservation only; payment must be presented at check-in.

Name on Credit Card: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_



**MYSELKS.ORG**

**Make Checks or Money Orders Payable to:**

**DO NOT SEND CURRENCY**

Hotel Albany  
State & Lodge Streets  
Albany, NY 12207

Phone: 518-427-3038  
Fax: 518-462-8192