NEW YORK STATE BAR ASSOCIATION

# ACCOMMODATIONS REQUEST FORM

## PERSONAL INFORMATION

*Please print or type names of all persons who will occupy the room.*

Name (s) _____

_____

Firm _____

Address _____

City _____ State _____ Zip _____

Phone ( _____ ) _____ Fax ( _____ ) _____

Email _____

## HOTEL INFORMATION

❑ **$99.00 per night, Standard with two queen beds**

❑ **$114.00 per night, Studio Suite with two queen beds** *(limited availability)*

❑ **$124.00 per night, Studio Suite with one king bed** *(limited availability)*

Rates are subject to a 12.13% tax.

**Arrival date:** _____ **Departure date:** _____

Check-In Time 3:00 p.m. Check-Out Time 11:00 a.m.

**Please Note:**
**Telephone Reservations will not be accepted.**
Reservations can only be made by mail or fax using this form. Meeting registration form and fee(s) must accompany accommodations request.

## PAYMENT INFORMATION

❑ Charge $ _____ to ❑ American Express ❑ Discover

❑ MasterCard ❑ Visa Expiration Date _____

Card Number _____

Authorized Signature _____

# Elder Law Section

*UN*Program —
March 20-21, 2014
Hampton Inn & Suites
Poughkeepsie

## IMPORTANT INFORMATION

### Cut-Off Date - March 7, 2014

Reservations received after the above date accepted on a **space and rate** availability basis and cannot be guaranteed at the conference rate. A LIMITED number of rooms are being held - REGISTER NOW!

### Deposit/Cancellation Policy

All reservations must be secured with a deposit equal to the first night's room rate plus tax. Cancellations must be made 72 hours prior to arrival or forfeiture of deposit plus applicable tax will result.

### Fax or mail this form with payment to:

Adriana Favreau
Meetings Representative
New York State Bar Association
One Elk Street
Albany, New York 12207
Phone: 518.487.5630
Fax: 518.463.5993

NYSBA