



New York Highway Safety Symposium
October 18-21, 2015
Reservation Form

All rates are per person. Place an (X) by selection.

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| <p><u>Three Night Package</u> 3 Nights Lodging, 3 Breakfasts, 3 Luncheons (Sunday through Wednesday) Single Occupancy \$363.00; with tax \$405.63 Double Occupancy \$181.50; with tax \$202.82</p> | <p><u>Two Night Package</u> 2 Nights Lodging, 2 Breakfasts, 2 Luncheons (Monday/Tuesday or Tuesday/Wednesday) Single Occupancy \$270.42; with tax \$242.00 Double Occupancy \$135.21; with tax \$121.00</p> |
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| <p><u>One Night Package</u> 1 Night Lodging, 1 Breakfast, 2 Luncheons (Monday/Tuesday or Tuesday/Wednesday) Single Occupancy \$149.29; with tax \$134.20 Double Occupancy \$74.65; with tax \$67.10</p> |
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Reservations accepted on this form only. Please do not call and book a room as well. Please fill out only one form per room.

- **Reservation Forms must be received by September 18, 2015.** All reservations must be secured with a credit card, check, or money order.
- Payments by check must be received by September 18, 2015. Cancellations must be made by September 18, 2015 or forfeiture of deposit will occur.
- Credit cards will be charged on October 2, 2015.
- Hotel policy is to obtain a credit card from every guest upon check-in and authorize said card \$20.00 per night for any possible incidentals.
- Room type requests & special requests will be honored as availability permits. Check in time is 4:00 PM; check out time is 11:00 AM.
- The cut-off date for making reservations is September 18, 2015. Reservations received after this date will be taken on a space available basis only.
- **Cancellations must be received by October 2, 2015 to avoid forfeiture of deposit.**
- If tax exempt, please submit a valid ST-119 form with your reservation request.
- Sunday arrivals include dinner buffet
- Wednesday departure includes boxed lunch

Name _____ Roommate _____

Email _____ Email _____

Roommate _____ Email _____

Company/Affiliation _____

Street _____ City/State/Zip _____

Telephone _____ Fax _____

Boxed Lunch Selection for Wednesday departures. Please include number of selected lunches to reflect roommates:
 Turkey Wrap Black Forrest Ham Wrap Vegetarian Wrap

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| <p>Arrival _____ Departure _____</p> <p>Check # _____</p> <p>CC# _____ EXP _____</p> <p>I have read and agree with the above reservation policies.</p> <p>By signing below, I acknowledge that I have read and understand the terms of my reservation and authorize the DoubleTree by Hilton Binghamton to process total room and any applicable taxes to the credit card indicated above.</p> <p style="text-align: center;">X _____</p> |
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Submit form by 9/18/2015 to:
DoubleTree by Hilton Binghamton
 225 Water Street
 Binghamton NY 13901
www.binghamtondoubletree.com
Fax: Fax (607) 724 7263 Email:
tammy.gow@hilton.com