

Hotel Reservation Form
LIONS 2007 MD-20 NEW YORK/BERMUDA CONVENTION
OFFICIAL ROOM RESERVATION AND/OR REGISTRATION FORM
SARATOGA SPRINGS, NEW YORK

April 27-29, 2007

Rooms will be assigned on a first-come, first-served space available basis by the Saratoga Convention & Tourism Bureau after they are received at the Multiple Office. Your hotel room deposit will be forwarded to the hotel, you will see that amount credited to your room reservation upon check-in. Reservation requests will only be accepted on this form, and must be received by the Multiple Office by March 01, 2007. Any requests received after that date will not be processed and will be returned. After March 30, 2007, you will need to contact your hotel directly to make a change or cancellation to a reservation. Prior to that date, changes and cancellations must be in writing to Convention Services Manager fax at 518-584-2969 or email to kathyd@discoversaratoga.org. Changes and cancellations cannot be made by phone. You will receive a written acknowledgement of your assigned hotel directly from Saratoga Convention & Tourism Bureau. A confirmation will be e-mailed or sent by the hotel to the primary occupant listed below.

Number your hotel choice in order of preference with "1" being your first choice. Circle your room type/price. If you do not list at least 3 choices, you will be placed in the next available property. Please send only one form per room.

CHOICE IN ORDER OF PREFERENCE	HOTEL NAME	NUMBER OF ROOMS	SINGLE (1 PERSON 1 BED)	DOUBLE (2 PPL/ 1 BED)	DOUBLE/DOUBLE (2 PPL/ 2 BEDS)	TRIPLE OR QUAD (2 BEDS)
	SARATOGA HOTEL (HEADQUARTERS)	209	\$149	\$149	\$149	\$164
	HOLIDAY INN	168	\$125	\$125	\$125	n/a
	COURTYARD BY MARRIOTT	100	\$109	\$109	\$109	n/a
	HILTON GARDEN INN	60	\$115	\$115	\$115	n/a
	THE INN AT SARATOGA	20	\$119	\$134	\$134	n/a
	SARATOGA ARMS	25	\$150	\$165	\$165	n/a
	GRAND UNION MOTEL	30	\$75	\$75	\$75	n/a

**Please Note: Acknowledgement and Confirmation will only be mailed to the address below:
Names will appear on registration badges as listed below - Please Print Clearly**

Last Name: _____ First Name: _____

Club/District: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____

Email address: _____

Arrival Date: _____ Departure Date: _____

If multiple occupancy, please list additional people's names, (please note, we will mail confirmation to the first person only):

Person 2: _____

Person 3: _____

Person 4: _____

Special Requests: _____

An advance registration fee of **\$25.00 per each room occupant if submitted before September 15, 2006** for all over 18 must be paid and is **non refundable**. Please note: registrations between **September 16, 2006 and March 14, 2007** is **\$30.00**. Registrations after that date and purchased at the Convention will be **\$40.00 each**.

You must enclose a check for your room deposit and registrations made payable to MD-20. Send completed form and payment to:

NYS Lions
526 Oak Street
Syracuse, NY 13203

	Number	Amount	Total
Convention Registration per person over 18 years old as listed above _____	x \$	= \$	_____
Room Deposit _____	1	x\$125.00=	\$125.00
Suite Deposit (<u>Suites are available to District Governor candidates only</u>) _____	1	x\$265.00 =	_____

Check enclosed for: \$ _____