

“Aging Concerns Unite Us” Conference

JUNE 19-20, 2007

Crowne Plaza Hotel Room Reservation Form

State & Lodge Streets
Albany, NY 12207
Telephone (518) 462-6611 * Fax (518) 462-8192

RESERVATIONS DEADLINE: MAY 23, 2007

- You MUST COMPLETE THIS FORM** and send it to the Crowne Plaza Hotel (address above) and reference “Aging Concerns Unite Us” and group code “AAA” (**PHONE RESERVATIONS WILL NOT BE ACCEPTED BY THE HOTEL**)
- Submit only one room request per form.** Should additional forms be needed, please make copies.
- Confirmations and acknowledgements will be sent by mail.
- Reservations, changes and cancellations must be made directly with the hotel at 518-462-6611. All reservations must be cancelled 48 hours in advance. If you do not cancel your room by the deadline, you will either be billed one night’s room and tax on your credit card or your deposit will not be refunded.
- 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.
- Hotel room charge is \$110 single or double occupancy, plus 14% tax per night (unless tax-exempt – must provide tax exempt certificate upon check in). The Crowne will honor this rate on the evening of June 20th, for those staying for DOH LTC Symposium on June 21st (on a space-available basis, so reserve early).

(First Name)	(Middle Initial)	(Last Name)	
(Agency or Company)			
(Mailing Address)	(City, State, Zip)	(Phone #)	(Fax #)
(Credit Card number and Expiration Date)		(Email address)	
(Name on Card)	(Signature)		

Please Note: All reservations require a guarantee in the form of a credit card number or one (1) night’s deposit (\$110 + \$15.40 = \$125.40 per night). Rates are subject to applicable NYS Sales Tax (currently 14%) unless an individual tax-exempt certificate is received by the hotel with this form. If paying via purchase order, a copy of the purchase order must accompany this form and the original form must be presented upon check in. Reservations must be cancelled 48 hours in advance of arrival.

ROOM INFORMATION: (This form applies to one room. For additional rooms, please fill out an additional form.)

Occupants Name(s)*	Check all that apply**:	Arrival date:
1. _____	____ King (1 bed)	_____
2. _____	____ Double/double (2 beds)	
	____ Non-Smoking room	Departure Date:
	____ Smoking room	_____
	____ Handicap accessible room	

**Crowne Plaza will not be responsible for assigning roommates.
**The hotel will do their best to accommodate your requests, however, at times this may not be possible.*

IMAGINE THE FUTURE OF AGING