



**NY ASSOCIATION OF PSYCHIATRIC REHABILITATION SERVICES, INC.
8TH ANNUAL RECOVERY AND REHABILITATION ACADEMY
WEDNESDAY, NOVEMBER 15TH – FRIDAY, NOVEMBER 17TH, 2017**



RESERVATION DEADLINE: THURSDAY, OCTOBER 26, 2017

* Please complete one Reservation Form per Attendee *

NAME: _____

ROOMMATE'S NAME: _____

COMPANY / AGENCY: _____

ADDRESS: _____

CITY / STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL: _____

ROOM RATES

One Night Package includes: Overnight Accommodations on Thursday, November 16, 2017, Afternoon Break on Thursday, Continental Breakfast and Mid-Morning Beverages on Friday, all Service/Administrative Fees, and NYS Tax, when appropriate

- | | |
|--|---|
| <input type="checkbox"/> Single Tax Exempt Package – \$135.00 per room | <input type="checkbox"/> Double Tax Exempt Package – \$80.00 per person |
| <input type="checkbox"/> Single Taxable Package – \$155.00 per room | <input type="checkbox"/> Double Taxable Package – \$95.00 per person |

Two Night Package includes: Overnight Accommodations on Wednesday, November 15, 2017 and Thursday, November 16, 2017. Afternoon Break on Thursday, Continental Breakfast and Mid-Morning Beverages on Friday, all Service/Administrative Fees, and NYS Tax, when appropriate

- | | |
|--|--|
| <input type="checkbox"/> Single Tax Exempt Package – \$240.00 per room | <input type="checkbox"/> Double Tax Exempt Package – \$135.00 per person |
| <input type="checkbox"/> Single Taxable Package – \$280.00 per person | <input type="checkbox"/> Double Taxable Package – \$155.00 per person |

RESERVATION INFORMATION

Date of Arrival: _____ Date of Departure: _____

SPECIAL ROOM REQUEST: ONE BED TWO BEDS ACCESSIBLE (ONE QUEEN BED)

ALL REQUESTS ARE BASED ON AVAILABILITY, NOT GUARANTEED:

PAYMENT INFORMATION

A check deposit is not required. If you wish to send a check it should be made payable to the Radisson Hotel Albany. All reservations will require a Credit Card, a Purchase Order or a Voucher which must be provided at the time the reservation is submitted. Please note that credit cards will only be used to guarantee your room and will not be charged if another form of payment is presented at check in.

Credit Card Number*: _____ Expiration Date*: _____

Name of Cardholder*: _____ Signature*: _____

Purchase Order # * _____ Name of Agency*: _____

(please include copy with reservation form):

TAX EXEMPTION INFORMATION

Exemption from NYS & Local Taxes will only apply if the Hotel is supplied with the proper Exemption Certificate prior to arrival. Tax Exemption Forms should be included when submitting your Reservation Form. Please note that your form of payment must match your Exemption Form to be considered exempt. If the Exemption Form is not on file prior to arrival, you will be billed as part of the Taxable Package.

CANCELLATION

If you find that you need to cancel your reservation please do so by 3pm on Monday, November 13, 2017. Reservations cancelled after this date and time will be billed the full amount of the stay.

PLEASE FORWARD COMPLETED RESERVATION FORMS TO:

Radisson Hotel Albany
205 Wolf Road – Albany, NY 12205
Phone: 518-458-7250 Fax: 518-458-7377 Email: prowe@innercirclehotels.com

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