

October 24 – 25, 2018

48th ANNUAL Youth Development Training Conference



DOUBLETREE
BY HILTON™

DoubleTree by Hilton Tarrytown

455 South Broadway, Tarrytown, NY 10591

Phone: 914-524-6429 Fax: 914-524-6439

Reservation and Deposit must be received by September 23, 2018.
Reservations made after this date will be based on availability of the hotel.

ROOM RATES:

Please check the package you are paying for:

Two Night Package Rate (Tax-Exempt):

Rate includes lodging Tue 10/23 and Wed 10/24,
Wed. Lunch, Thurs. Continental Breakfast, Thurs.
Break & administrative charge.

_____ \$398.31 Single Occupancy/Per Person

_____ \$233.31 Double Occupancy/Per Person

One Night Package Rate (Tax-Exempt):

Rate includes lodging Wed 10/24, Wed. Lunch, Thurs.
Continental Breakfast, Thurs. Break & administrative
charge.

_____ \$233.31 Single Occupancy/Per Person

_____ \$150.81 Double Occupancy/Per Person

\$ _____ **TOTAL**

Room rates are subject to sales and occupancy tax
(13.375%), unless tax exempt. **A NYS Sales Tax Exempt
Form ST-119 must be presented upon arrival or a Meal
Tax of 7.375% will be added to individual's meal
package.** Prices are quoted above without tax.

RESERVATION REQUIREMENTS:

The hotel will only accept Reservation Forms mailed or
faxed to the following address and number:

ADDRESS: DoubleTree Tarrytown, 455 So. Broadway,
Tarrytown, NY 10591

FAX NUMBER: 914-524-6439

Checks must be received 2 weeks prior to check-in date.
Please mail checks to DoubleTree Tarrytown, 455 So.
Broadway, Tarrytown, NY 10591. If utilizing an
organization NY Tax Exempt Certification and paying by
check, payment must be made by the same organization
listed on the check.

The hotel's cut-off date is September 23, 2018.
Reservations made after this date will be made based on
availability of the hotel.

Cancellations received less than 72 hours prior to date of arrival will be
billed one night to the individual credit card.

CONTACT INFORMATION:

Name: _____

Phone Number: _____

Email Address: _____

Company: _____

Address: _____

City/State/Zip: _____

Roommate: _____

Arrival Date: _____

Departure Date: _____

Check in time: 3:00PM Requests: _____

Room Requests are based on availability.

Room Types: King OR Two Doubles ***ALL Guestrooms are Non-Smoking***

METHOD OF PAYMENT:

\$ _____ Total Amount

Check/Voucher Number (must be enclosed): _____

Check/Voucher Name of Agency: _____

Credit Card Type: _____

Number: _____

Expiration Date: _____

Cardholder Name: _____

Signature: _____

Tax Exempt Form Enclosed: YES NO

Please remember to register for the conference separately.

PAYMENT INFORMATION:

Your reservation MUST be received by September 23, 2018. Full payment may be paid by check or credit card. Please make check payable to DoubleTree by Hilton Tarrytown or complete the credit card information on this form to authorize the charge to your credit card upon arrival. Fax reservation form to (914) 524-6439 ATTN: Hotel Group Reservations.