



October 3 – 4, 2017



Holiday Inn jjones@staysyracuse.com

Holiday Inn Syracuse/Liverpool

441 Electronics Parkway, Liverpool, NY 13088

Phone: 315-457-1122 Fax: 315-451-0675

Reservation and Deposit must be received by September 15, 2017.
Reservations made after this date will be based on availability of the hotel.

PLEASE NOTE: IHG Rewards will not be given to individuals attending the conference based on package rates.

ROOM RATES:

Please check the package you are paying for:

One Night Package Rate (Tax-Exempt):

Rate includes lodging, one breakfast, one lunch, two breaks, service charge.

_____ \$188.00 Single Occupancy

_____ \$135.00 Double Occupancy/Per Person

Two Night Package Rate (Tax-Exempt):

Rate includes lodging, two breakfasts, one lunch, two breaks, service charge.

_____ \$343.00 Single Occupancy

_____ \$240.00 Double Occupancy/Per Person

Two Night with Reception Package Rate

(Tax-Exempt): Rate includes lodging, two breakfasts, one lunch, two breaks, 1 hour open bar and hors d'oeuvres, service charge.

_____ \$387.00 Single Occupancy

_____ \$285.00 Double Occupancy/Per Person

\$ _____ TOTAL

Room rates are subject to sales and occupancy tax on the date of arrival, unless tax exempt. **A tax exempt form must be presented upon reservation or arrival in order to qualify for tax exempt status.** Prices are quoted above without tax.

RESERVATION REQUIREMENTS:

The hotel will only accept reservation forms and will reject all other means of reservation (ex. Call-in internet, Central Reservations). The hotel's cut-off date is September 15, 2017. Reservations made after this date will be made based on availability of the hotel.

FREE Cancellation until 6:00pm local hotel time on date of arrival.

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 15, 2017. Full payment may be paid by check or credit card. Please make check payable to Holiday Inn Syracuse/Liverpool or complete the credit card information on this form to authorize the charge to your credit card upon arrival. Fax reservation form to (315) 451-0675 ATTN: JULIE JONES (OR) Email reservation form to jjones@staysyracuse.com. **FOR SECURITY PURPOSES:** Please FAX the completed form to (315) 451-0675 ATTN: Julie Jones. If a fax is not available, please only provide the last (4) digits of your credit card number and call (315) 457-1122 ext. 7912 with the remaining numbers.