

49th ANNUAL Youth Development Training Conference

October 7-8, 2019



The Desmond Hotel &
Conference Center
660 Albany Shaker Rd,
Albany, NY 12211
Phone: 518-869-8100
Fax: 518-640-6068

Reservation and Deposit must be received by September 23, 2019.
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 Sun 10/6 through Tues 10/8,
Mon. Lunch, Tues. Hot Breakfast Buffet &
administrative charge.

_____ \$292.00 Single Occupancy/Per Person

_____ \$179.00 Double Occupancy/Per Person

One Night Package Rate (Tax-Exempt):

Rate includes lodging Mon 10/7, Mon. Lunch, Tues.
Hot Breakfast Buffet & administrative charge.

_____ \$179.00 Single Occupancy/Per Person

_____ \$122.50 Double Occupancy/Per Person

\$ _____ **TOTAL**

Room rates are subject to sales and occupancy tax (14%),
unless tax exempt. **A NYS Sales Tax Exempt Form ST-
119 must be presented upon arrival matching form of
payment or an ST-129 for individuals or a Meal Tax of
will be added to individual's meal package.** Prices are
quoted above without tax.

RESERVATION REQUIREMENTS:

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

EMAIL: Jonni Adler – jadler@desmondhotels.com

FAX NUMBER: 518-640-6068

Checks must be received 2 weeks prior to check-in date.
Please mail checks to Desmond Hotel, 660 Albany Shaker
Rd, Albany, NY 12211. 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, 2019.
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: 4:00PM 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 on our website: www.anysyb.net**

PAYMENT INFORMATION:

Your reservation MUST be received by September 23, 2019. Full payment may be paid by check or credit card. Please make check payable to Desmond Hotel or complete the credit card information on this form to authorize the charge to your credit card upon arrival. Fax reservation form to 518-640-6068 ATTN: Hotel Group Reservations or EMAIL to Jonni Adler at jadler@desmondhotels.com.