

**New York State Association of Foreign Language Teachers**  
**Friday, October 12, 2007 - Sunday, October 14, 2007**  
**HOTEL REGISTRATION FORM**

**CUSTOMER INFORMATION**

NAME \_\_\_\_\_  
SCHOOL NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
ARRIVAL DATE \_\_\_\_\_ DEPARTURE DATE \_\_\_\_\_

**ROOM INFORMATION**

SINGLE (\$185 per night)       DOUBLE (\$140 per person per night)

*PACKAGE INCLUDES: (1) dinner (1) breakfast (1) lunch and service charge per night*

**BED TYPE**       TWO DOUBLE BEDS       ONE KING BED

**ROOM TYPE**       SMOKING       NON SMOKING

**PAYMENT TYPE**       CHECK       CREDIT CARD

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ / \_\_\_\_\_

NAME (as it appears on the card) \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

SPECIAL REQUESTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TAX EXEMPT**      YES       NO

**Tax Exempt Status** To be tax exempt a tax-exempt form must be presented and payment must be made by school district check or credit card with the school district name printed on it. All other transactions will be taxable (above rates include taxes – taxes will be removed with proof of tax exempt status).

\*ALL RESERVATION REQUESTS MUST BE RECEIVED BY **9/21/2007**. AFTER THE CUT OFF DATE, RESERVATIONS WILL BE TAKEN BASED ON ROOM AND RATE AVAILABILITY.

CHECK IN TIME IS **3PM** AND CHECK OUT TIME IS **NOON** ON THE DAY OF DEPARTURE. CANCELLATION MUST BE MADE BY **4:00 PM** DAY OF ARRIVAL TO AVOID ANY PENALTY CHARGE.

**RESERVATION FORM and payment can be mailed or faxed to:**

CLARION RIVERSIDE HOTEL  
120 EAST MAIN STREET  
ROCHESTER, NEW YORK 14604  
(888) 596-6400 Toll Free  
(585) 546-6400      FAX: (585) 546-1341  
ATTENTION: RESERVATIONS MANAGER  
FAX NUMBER WHERE CONFIRMATION NUMBERS MAY BE SENT (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_