

**NYS Association of Foreign Language Teachers
October 9, 2008 - October 12, 2008**

**Room Block Cutoff Date:
Tuesday, September 16, 2008**

Please reserve your room before this date to secure the group rate.

Reservation Guarantee:
All reservations must be guaranteed using a credit card or advance deposit.

Guests will be penalized for early departure. All reservations must be guaranteed for the entire stay. Unless the reservation is changed prior to check-in, guests having an early departure will be charged the full room rate for their entire scheduled stay.

Please indicate the appropriate credit card information below. Visa, MasterCard, American Express & Discover are all acceptable. Or send a check or money order in the amount of one night's stay.

Cancellation Policy:
Cancellation less than forty-eight (48) hours prior to the scheduled arrival date will result in forfeiture of your deposit or if a credit card was used, a charge equal to one night's stay will be applied to the credit card.

Tax Exempt Information:
If your exempt organization is paying for your stay, please submit your T/E form with your reservation.

Complete this form and return by fax or mail to the address listed at the bottom of this page. Reservations for this conference are not able to be made online or over the phone.

ROOM RATES:

Daily Package

The package rate below includes the overnight guestroom and dinner, followed by breakfast and lunch the next day, and all service charges. This is a nightly rate.

Run of House: \$240.00 single / \$329.00 double (\$164.50 per person)

State & local taxes will be applied to the package unless tax-exempt status has been approved – see tax-exempt information. Current tax rates are as follows: 13% applicable to room rate, 7% applicable to food & beverage. Such tax is subject to change without notice.

Reservation Information:

Arrival: _____ Departure: _____ # Nights _____ # People _____

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____ Hilton HHonors# _____

List Roommates

(please only submit one form per room)

Guarantee: Credit Card Deposit Check Attached

Card #: _____ Exp Date: _____

Name on Card: _____

Signature: _____

Other Requests:

The following are requests only and are on a first come first served basis

_____ King _____ Smoking
_____ 2 Double Beds _____ Non Smoking _____ Handicap Accessible

Return this form to:

**The Saratoga Hilton Reservations Department, 534 Broadway, Saratoga Springs, NY 12866
Reservations Fax Number: 518-584-7430 • Questions or General Information: 518-584-4000 x602 or x603**