



**NYS-DTSDE RESERVATION FORM
TUESDAY, DECEMBER 18 – FRIDAY, DECEMBER, 21, 2012**



****ALL STARRED ITEMS MUST BE COMPLETED OR YOUR RESERVATION FORM WILL BE RETURNED FOR COMPLETION**
ONE FORM IS REQUIRED PER ATTENDEE
RESERVATION DEADLINE: FRIDAY, DECEMBER 14, 2012**

****CONTACT INFORMATION**

Main contact staying in room:		Roommate (if applicable):	
District Affiliation and Role (District Rep, OEE, SESIS, RBE-RN):			
Address:		City/State/Zip:	
Phone Number(s) (Day & Evening):		Email:	

****REGISTRATION – PLEASE SELECT ONE**

Prices are per person and do not include NYS sales tax. Taxes will apply if proper NYS tax exempt documentation is not provided (ST. 119 or Purchase Order)

I attended November NYS-DTSDE	<input type="checkbox"/>	DTSDE-IIT (Integrated Intervention Team) Tuesday 12/18 & Wednesday 12/19	Includes all meals beginning with Tuesday breakfast – Wednesday lunch.	\$81.00 (registration fee only)	Dietary Restriction(s):
	<input type="checkbox"/>	DTSDE-CAT (Calibration Assurance Team) Thursday 12/20 & Friday 12/21	Includes all meals beginning with Thursday breakfast – Friday lunch.	\$81.00 (registration fee only)	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	BOTH Sessions (IIT & CAT) Tuesday 12/18 – Friday 12/21	Includes all meals beginning with Tuesday breakfast – Friday lunch.	

****ROOM RESERVATIONS – \$99.00 PER NIGHT**

NYS Taxes will apply if proper tax exempt documentation is not provided. (ST. 129 or Purchase Order)

Arrival:	Departure:	Total Number of Nights:
Room Type (check one): <input type="checkbox"/> One Bed <input type="checkbox"/> Two Beds <input type="checkbox"/> Accessible (one double bed)		

PAYMENT INFORMATION

Payment can be made in the form of a credit card, check or purchase order. Please make checks/purchase orders payable to Holiday Inn Albany.

REGISTRATION FORMS WILL NOT BE ACCEPTED WITHOUT A METHOD OF PAYMENT

Method of payment	<input type="checkbox"/> Purchase Order Purchase Order Number:	<input type="checkbox"/> Check Check Number:
<input type="checkbox"/> Credit Card	Credit Card Number:	Exp: Signature:

PLEASE SEND ALL COMPLETED RESERVATION FORMS TO:

HOLIDAY INN ALBANY · FAX: 518-533-1792 OR TO ANGELA KELLY AT AKELLY@HIALBANYWOLF.COM

FOR ANY QUESTIONS PLEASE CALL ANGELA AT 518-458-7264 EXT. 406

If you find that you need to cancel your reservation please do so by 6pm day of arrival. Reservations cancelled after 6pm will be billed a registration fee and one night room and tax and will not be held for future arrival.