

Holiday Inn Grand Island Resort and Conference Center * Hotel Reservation Request Form

Group Name: NY Highway Safety Symposium

Function Dates: October 17-20, 2010

Package Rates are quoted per person

1 Night Package	Single: Tax-Exempt	Double: Tax-Exempt	Single: Non-Exempt	Double: Non-Exempt
	\$144.87	\$100.37	\$162.00	\$111.38

Above Package Includes: 1 Night's lodging (Sunday Arrival – Monday Departure OR Monday Arrival – Tuesday Departure), 1 buffet breakfast (Monday or Tuesday), 1 plated lunch, 1 morning & 1 afternoon break, Sunday Reception OR buffet dinner on Monday.

2 Night Package	Single: Tax-Exempt	Double: Tax-Exempt	Single: Non-Exempt	Double: Non-Exempt
	\$292.38	\$203.38	\$342.46	\$241.22

Above Package Includes: 2 Night's lodging (Monday arrival – Wednesday Departure), 2 buffet breakfasts, 2 plated lunches, 2 morning & 2 afternoon breaks, 1 buffet dinner on Monday, 1 Reception and 1 Banquet Dinner on Tuesday.

3 Night Package	Single: Tax-Exempt	Double: Tax-Exempt	Single: Non-Exempt	Double: Non-Exempt
	\$411.72	\$278.22	\$461.05	\$309.15

Above Package Includes: 3 Night's lodging (Sunday Arrival – Wednesday Departure), 1 welcome reception on Sunday, 3 buffet breakfasts, 2 plated lunches (Monday and Tuesday), 1 buffet dinner on Monday, 2 morning and 2 afternoon breaks (Monday and Tuesday), 1 Reception on Tuesday and 1 Dinner on Tuesday)

Name: _____ Arrival Date: _____ Departure Date: _____

Company Name: _____ Phone Number: _____ SPG Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Email or Fax Number: _____

Occupancy: Single Double Accessible Room * The Hotel is non-smoking

* Please note that all changes must be made by 6pm prior to the day of arrival.

Cut Off Date: 9/16/10 ~ You must make your reservation by this date in order to be guaranteed the group rates. Reservations received after this date are subject to availability and prevailing rates.

Guaranteed Reservations (Indicate one of the following)

Credit Card Guarantee only: Card will only be charged if guest does not cancel reservation by 6pm EST 24 hours prior to arrival

Check Money Order Visa MC Amex Discover Purchase Order

Name on Card (print): _____ Signature: _____

Credit Card #: _____ Exp. Date: _____

Priority Club #: _____

Confirmation: A confirmation will be emailed or faxed upon receipt of this form.

Check-in/Check-out: Our check in time is 3:00pm and our check-out time is 12:00pm.

NYS TAX EXEMPT CERTIFICATES MUST BE MAILED IN WITH THIS RESERVATION FORM TO RECEIVE TAX EXEMPT STATUS. TAX EXEMPT CERTIFICATES WILL NOT BE ACCEPTED AT CHECK-IN.

Dates of Occupancy: _____ Signature: _____

Governmental Unit _____ Title: _____

NOTE: A SEPARATE EXEMPTION CERTIFICATE IS REQUIRED FOR EACH OCCUPANCY AND FOR EACH REPRESENTATIVE OR EMPLOYEE

PHONE REGISTRATIONS WILL NOT BE ACCEPTED

Please MAIL or FAX fully completed reservation form and tax exempt certificate if applicable to:

Holiday Inn Grand Island Resort and Conference Center

Attention Reservations Department - 100 Whitehaven Road, Grand Island, NY 14072 * Phone: 716-773-1111 / Fax: 716-773-1229