



Holiday Inn

BLOOD BANKS ASSOCIATION OF NYS

59TH ANNUAL MEETING

WEDNESDAY, MAY 19, 2010 – FRIDAY, MAY 21, 2010



RESERVATION DEADLINE: APRIL 28, 2010

* ALL STARRED ITEMS MUST BE COMPLETED OR YOUR RESERVATION FORM WILL BE RETURNED FOR COMPLETION *

CONTACT INFORMATION

*NAME:
*CHAPTER / ORGANIZATION:
*OTHER PERSON(S) IN ROOM:
*ADDRESS:
*CITY / STATE: *ZIP CODE:
*DAY TIME PHONE NUMBER: FAX:
*EVENING PHONE NUMBER: EMAIL:

RESERVATION INFORMATION

* DATE OF ARRIVAL: * DATE OF DEPARTURE:
SMOKING PREFERENCE, BASED ON AVAILABILITY: [] NON-SMOKING [] SMOKING
ROOM TYPE PREFERENCE, BASED ON AVAILABILITY: [] ONE BED [] TWO BEDS [] ACCESSIBLE
GUEST ROOM RATE: \$119.00 PER ROOM PER NIGHT PLUS 14% NYS TAX
If you are exempt from NYS Sales Tax, please provide a copy of your Exemption Form when returning your Reservation Form.

PAYMENT INFORMATION

All reservations will require a credit card for guarantee, please fill in the required information below. Please note that your reservation will NOT be made or guaranteed without a credit card or deposit.

CREDIT CARD NUMBER**: EXPIRATION DATE**:
NAME OF CARDHOLDER**: SIGNATURE**:

CANCELLATION

If you find that you need to cancel your reservation please do so by 6pm on the day of arrival. Reservations cancelled after 6pm on day of arrival will be billed one night room and tax.

CONFIRMATION NUMBERS

Please note that confirmation numbers will not be provided until after April 15, 2010 at that time, confirmation numbers will be mailed to the address provided above. You will however receive either an email or mailed letter upon receipt of your reservation form so that you know that we have received it.

PLEASE SEND COMPLETED RESERVATION FORMS TO:

Holiday Inn Reservations Department
205 Wolf Road ~ Albany, NY 12205
Fax: 518-458-7377 Phone: 518-458-7250

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