

**NYS ASSOCIATION OF MAGISTRATES COURT CLERKS
2010 ANNUAL CONFERENCE**

Sunday, October 10, 2010 – Wednesday, October 13, 2010
Holiday Inn Albany on Wolf Road

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

Contact Information

**NAME: _____
**COMPANY / AGENCY: _____
**OTHER PERSON (S) IN ROOM: _____
**ADDRESS: _____
**CITY/STATE/ZIP: _____
**BUSINESS PHONE: () _____ FAX: () _____
**HOME PHONE: () _____ EMAIL: _____

Reservation Information

** DATE OF ARRIVAL: / / ** DATE OF DEPARTURE: / /

** ROOM PREFERENCES (based on availability):
 One Bed Two Beds Smoking

Rate and Accommodations

The below rates are inclusive of service charge and tax where applicable and will include Welcome Reception, One Hour Bar, and Dinner on Sunday – Breakfast, Morning Break, Lunch, and Dinner (with Dine-a-Round option) on Monday – Breakfast, Morning Break, Lunch, Reception, 1 and ½ hours of Open Bar and Dinner on Tuesday – Breakfast on Wednesday – Overnight Accommodations on Sunday, Monday, and Tuesday. Package rates are for a minimum of 3 night stays.

Single Occupancy Tax Exempt – \$705.00 per room

Single Occupancy Taxable – \$773.55 per room

Double Occupancy Tax Exempt – \$510.00 per person

Double Occupancy Taxable – \$531.78 per person

Cancellation: If you find that you need to cancel your reservation please do so by 3pm on October 4, 2010. Reservation cancelled after 3pm on October 4, 2010 will be billed the full amount of package.

If you are exempt from NYS Sales tax, please provide a copy of your Exemption Form when returning your Reservation Form. ALL TAX EXEMPT FORMS MUST BE PROVIDED BY SEPTEMBER 22nd TO BE CONSIDERED FOR EXEMPTION.

Payment Information

A check deposit is not required. If you wish to send a check it should be made payable to the Holiday Inn on Wolf Road. All reservations will require a credit card for guarantee, please fill in the required information below.

Credit Card Number**: _____ Expiration Date**: _____
Name of Cardholder**: _____ Signature**: _____

PLEASE SEND COMPLETED RESERVATION FORMS TO:

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

RESERVATION DEADLINE: SEPTEMBER 22, 2010