



OFFICIAL HILTON HOUSING FORM

FOR

INTERAGENCY COUNCIL

February 25 – February 26, 2019



HILTON ALBANY RESERVATION FORM

**RESERVATIONS ARE ACCEPTED ONLY WITH THIS FORM VIA E-MAIL OR FAX
(TELEPHONE CALLS WILL NOT BE ACCEPTED TO RESERVE ROOMS FOR THIS EVENT)**

Please complete this reservation form in its entirety and return it to the Hilton Albany either by e-mail or fax. Confirmations will only be e-mailed to individuals offering a valid e-mail address. If you do not receive a confirmation number within 24 business hours please contact the hotel at **(518) 427-3018**. A limited number of rooms have been protected for this event. It is very important individual reservations are received prior to the date specified below to receive a guest room in the protected block and obtain the group rate.

For courtesy van transportation from Amtrak Station or Albany Airport, please call guest services at **(518) 462-6611** for instructions.

Complimentary self-parking (\$13.95 per night savings) is available at the hotel to all overnight conference attendees using this form.

Check In Time Begins: **4:00 PM**

Check Out Time is: **11:00 AM**

Reservations must be made by January 28th, 2019

EACH ROOM RESERVATION REQUIRES A SEPARATE RESERVATION FORM

Arrival Date: _____ Departure Date: _____

Guest Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email (Required if confirmation is desired): _____

Name of Shared Occupants of the rooms: _____

Run of House
Single/Double Occupancy
\$216.00

Additional Persons
Add \$15.00 per person

Rates are per room per night

Please Check Preferred Room Type: One Bed Accessible Room
 Two Beds

Room assignments with preferences are based on availability. The hotel will assign alternative accommodations if the preferred preference is not available.

All reservations must be guaranteed for arrival. Major credit card, advance payment, or valid purchase orders are accepted for guaranteed payment. **If paying via purchase order/check, the purchase order/check must accompany this form and total more than \$500.00.** The hotel cannot accept purchase orders less than \$500.00; another approved form of payment will be required. Check or money orders must be received no later than January 28, 2019. Reservations must be cancelled **72 hours** in advance of arrival to receive a refund (a valid cancellation number is required for any disputed charge). *The credit card information below is to guarantee your reservation and will be charged in the event reservations are not cancelled on a timely basis. If paying by credit card, the card for actual charges must be presented at time of check-in. Cash payment will require additional security deposit or credit card for security.*

Unless a valid individual tax-exempt certificate is provided to the hotel with this form rates are subject to applicable NYS Sales & Occupancy Tax (currently 14%).

Cardholder Name: (Please Print) _____

Credit Card Number: _____

Card Expiration Date: _____

Authorized Signature: _____

**Make Checks or Money Orders Payable to HILTON ALBANY
DO NOT SEND CURRENCY**