CROWNE PLAZA WELCOMES NY STATE ELKS

CROWNE PLAZA HOTELS & RESORTS

NYSELKS.ORG

September 22 – 25, 2011

Thank you for selecting the Crowne Plaza Albany. In order to make your reservation process more efficient, please complete this reservation form and return it to the hotel either by mail or fax. We will return a confirmation to your attention. Please note that reservations must be received prior to the cut off date listed below in order to receive the discounted group rate. **Otherwise, reservations will be taken only on a space and published rate available basis.**

For courtesy van transportation from Amtrak Station or Albany Airport, please call our bell captain at (518) 462-6611 ext 2242 OR use the courtesy phone at the baggage claim area at the Albany Airport when you arrive.
Self-parking is complimentary at the hotel.

Check In: 4:00 PM
Check Out: 11:00 AM

Cut Off Date: August 22, 2011
Room Rates: $433.00 per person Single Occupancy
$241.00 per person Double Occupancy

Arrival Date: _____ Departure Date: _____

Guest Name: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Day Phone: _____

Email Address: _____

Sharing room with: _____

_____

Please Check Preferred Accommodations: ____ King Size Bed ____ 2 Double Beds
____ Non Smoking ____ Smoking

We will do our best to accommodate your requests, however, at times this may not be possible. We will always select the best room available.

All reservations require a *guarantee* in the form of a credit card number or one (1) night's deposit. Reservations must be cancelled 48 hours in advance and have **valid cancellation number** to have your deposit refunded. Rates are subject to applicable NYS Sales Tax (currently 14%) unless an individual tax-exempt certificate is received by the hotel. If paying via purchase order, the original purchase order must be accompany this form. The credit card information below is to guarantee your reservation only; payment must be presented at check-in.

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Authorized Signature: _____

Make Checks or Money Orders Payable to: DO NOT SEND CURRENCY

Crowne Plaza Albany
State & Lodge Streets
Albany, NY 12207

Phone: 518-427-3038
Fax: 518-462-8192