



COURTYARD MARRIOTT — SARATOGA SPRINGS, NY  
 Welcomes the New York Press Association  
 Thursday, April 6 - Sunday, April 9, 2017



**HOTEL RESERVATION FORM**

**ROOM CUT OFF DATE — FRIDAY, MARCH 10, 2017**  
**CHECK-IN — 3:00 PM • CHECK-OUT — 12:00 PM**

Thank you for selecting the Courtyard Marriott. 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.**

Complimentary self-parking is available at the hotel, for conference attendees, based on availability.

**Single or double occupancy — \$139.00 + applicable taxes.**

**PLEASE PRINT OR TYPE: (CLEARLY)**

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Guest Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: *(You'll receive your confirmation via this email)* \_\_\_\_\_

Sharing Room with: *(Please be sure that only the main guest submits this form)* \_\_\_\_\_

*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.*

**OCCUPANCY:** (Request Only)     1 king bed     2 queen beds

**DEPOSIT:** All reservations require a guarantee in the form of a credit card number or one (1) night's deposit. Reservations must be cancelled 72 hours in advance of arrival. Guests who depart early will still be charged for their confirmed dates. Guests have up to 72 hours PRIOR to arrival to change reservations accordingly. Rates are subject to applicable NYS Sales and Occupancy Taxes (currently 13%) unless an individual tax-exempt certificate is received by the hotel with this form.

**DEPOSIT METHOD OF PAYMENT:**

Deposit Amount: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV2: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

**MAIL, FAX or EMAIL to Gabriella Grande at:**

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

**COURTYARD BY MARRIOTT SARATOGA SPRINGS**  
 11 Excelsior Avenue., Saratoga Springs, NY 12866

Phone: 518-226-0049 Fax: 518-226-0542 Email: [gabriella.grande@marriott.com](mailto:gabriella.grande@marriott.com)

