

NYPA  
**convention** 2012  
and **trade show**

**HOTEL RESERVATION FORM**

HILTON GARDEN INN — SARATOGA SPRINGS, NY  
Welcomes the New York Press Association  
Thursday, March 29 - Sunday, April 1, 2012



**ROOM CUT OFF DATE — FRIDAY, MARCH 9, 2012**  
**CHECK-IN — 4:00 PM • CHECK-OUT — 11:00 AM**

Thank you for selecting the Hilton Garden Inn Saratoga Springs. 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.**

The Gideon Putnam is the main convention hotel. The Hilton Garden Inn offers a modern alternative for accommodations. No sessions will be offered at the Hilton.

**Single or double occupancy — \$140.00 + 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 double 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. Rates are subject to applicable NYS Sales Tax (currently 13%) unless an individual tax-exempt certificate is received by the hotel with this form. If paying via purchase order, a copy of the purchase order must accompany this form, and the original form must be presented upon check-in.

**DEPOSIT METHOD OF PAYMENT:**

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

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

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

**Expiration Date:** \_\_\_\_\_

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

**MAIL OR FAX TO THE SALES DEPARTMENT AT:**

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

**HILTON GARDEN INN SARATOGA SPRINGS**  
125 South Broadway, Saratoga Springs, NY 12866

**Phone: 518-587-1500**  
**Fax: 518-587-7800**

Visit [www.saratogasprings.hgi.com](http://www.saratogasprings.hgi.com) for hotel details

