

HOTEL RESERVATION FORM

Summer Highway and Bridge Professional Development Program

AUGUST 29-AUGUST 31, 2010

THE WOODCLIFF HOTEL AND SPA, ROCHESTER, NY

Hotel Check-in Time: 3:00 pm/Check-out Time: 12:00 pm

Call hotel directly at 585-248-4810 or 800-365-3065 and ask for the NYSCHSA room block or fax this form to 585-381-2673.

HOTEL RESERVATION DEADLINE IS AUGUST 9: Reservations made after this time will be accepted, subject to availability and are not guaranteed at the conference rate. Reservations can be completed on this form with checks made payable to The Woodcliff Hotel and Spa. Faxed reservations must be guaranteed with a major credit card. Reservations will be guaranteed from date of arrival to date of departure, as confirmed. Credit will not be given for early check-outs or missed meals. Payment arrangements for your stay will be required upon arrival in the form of cash, purchase order, voucher or major credit card. DEPOSITS WILL NOT BE REFUNDED FOR CANCELLATIONS MADE AFTER AUGUST 20.

Please reserve the following room(s):

Smoking Non-smoking King 2 Double Beds No Preference

A. TWO NIGHT PACKAGE (SUNDAY, MONDAY)

\$487 single occupancy

\$330 per person double occupancy

C. EARLY ARRIVAL / LATE DEPARTURES ROOM RATE

(a limited number of rooms are available/first-come first-serve basis)

\$139 per night plus tax

Tax Exemption: Please note that the above prices do not include sales tax. Tax-exempt certificates must be presented with your registration from and deposit or New York State taxes are additional.

NAME _____

COUNTY/AFFILIATION _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL (IF YOU WOULD LIKE THE HOTEL TO EMAIL YOUR RESERVATION CONFIRMATION): _____

ARRIVAL DATE _____

DEPARTURE DATE _____

Please reserve (number of rooms):

Number of People: _____

Names of persons sharing room: _____

Arrival Date: _____

Departure Date: _____

Credit Card Number: _____

Expiration Date: _____

Cardholder's Name: _____

Authorized Signature: _____

Phone: _____

Should I fail to honor my reservation and not cancel by August 20, I authorize The Woodcliff Hotel and Spa to charge my account for the deposit amount of \$139.00

Mail to 199 Woodcliff Drive, East Rochester, NY 14450 OR Fax to 585-381-2673:

CONFIRMATION #: _____

RES. AGENT _____

DATE _____

RETURN THIS FORM DIRECTLY TO THE Woodcliff Hotel and Spa, Rochester NY.



AUGUST 29-31, 2010 | Woodcliff Hotel & Spa—Rochester, NY

2010 SUMMER HIGHWAY AND BRIDGE
Professional Development Program