

Saratoga Hotel and Conference Center - Reservation Request

Request the Group Rate for New York Health Information Management Association, Inc.

Please call (518) 584-4000 for reservations or fax your reservation request to (518) 584-7430.

Reservation requests must be received no later than May 15, 2008. After this cut-off date, reservations will be accepted based on availability and prevailing rates.

Check in: 3 pm Check out: 11:00am

Reservations All reservations must be guaranteed using a credit card or advance deposit. Guests will be penalized for early departure. All reservations must be guaranteed for the entire stay unless the reservation is changed prior to check in. Guests having early departure will be charged the full room rate for their entire scheduled stay.

Room Rates: Rates are quoted on a per room, per night basis for standard rooms, are net/non-commissionable and subject to applicable taxes (13.00% total).

Single \$135 Double \$165 per night
Triple \$170 Quad, \$185 per night
Mini Suites Single/Double \$200 Triple \$215 Quad \$230

Tax Exempt Status: If payment is made directly through a Tax Exempt Organization, **Form ST 1191** must be presented. Said form does not qualify an individual to be exempt from any taxes incurred through incidental charges (i.e. meals) when those charges are settled with personal funds.

If a NY State Employee is settling his/her account with personal funds, **Form ST129** must be presented to qualify for Tax Exemption.

If you prefer not to call, you may mail your hotel reservation card and payment to:
(One reservation card per room)

The Saratoga Hotel and Conference Center
Attn: Reservations Department
534 Broadway
Saratoga Springs NY 12866

Name of Group: **New York Health Information Management Association**
Event Dates: **June 15 - 18, 2008**

Arrival Date: _____ (3:00 pm check in) Arrival Time: _____
Departure Date: _____ (11:00 am check out) # of Nights: _____

Full Name: _____

Street: _____ Phone: _____

City, State, Zip: _____

Roommate's Name: (Other than spouse) _____

E-mail _____ **FAX** _____

Check Type of Room Desired:

- Single - one person per room
- Double - two people per room
- Triple - three people per room
- Quad - four people per room

Check Special Requests: (if available)

- Non-Smoking Smoking
- One King Bed Two Double Beds
- Accessible
- Other _____

Check Credit Card

- American Express
- Diners Club
- Discover
- MasterCard
- Visa

Name on Card (print): _____

Card Number: _____

*Interbank Number: _____

Expiration Date: _____

Cardholder Name/Signature: _____

Deposit Enclosed: _____ Check Money Order

* Interbank # (if available) is found directly above or below credit card #