



REGISTRATION DEADLINE: FRIDAY, MARCH 2, 2012

REGISTRATION FORM INSTRUCTIONS

One conference registration form is required for each attendee

Please complete all starred items

Please return form by the reservation deadline with all payment and tax exemption information

If you need overnight accommodations, please complete page 2 of 2 of conference registration form

CONTACT INFORMATION

*NAME:	
*ORGANIZATION:	
*ADDRESS:	
*CITY/STATE/ZIP CODE:	
*PHONE NUMBER:	
*EMAIL ADDRESS:	

PAYMENT INFORMATION

CONFERENCE REGISTRATION FEE: \$137.00 PER PERSON WITH PROPER NYS TAX EXEMPTION FORMS. WITHOUT NYS TAX EXEMPTION FORMS CONFERENCE REGISTRATION FEE WILL BE \$147.96 PER PERSON.

Superintendents and invited guests attending Day One – Principal Evaluator Training ONLY please check here. Registration Fee is \$56.00 with NYS Tax Exemption Forms or \$60.48 without proper tax forms.

Payment can be made in the form of a credit card, check or purchase order; however, a credit card will be needed to guarantee all registrations.

The credit card will not be charged if another form of payment is submitted to the conference registration desk on the morning of Monday, March 12, 2012.

If you prefer to not give your credit card information on the form, please indicate this on the credit card portion and you will be contacted by a hotel representative at the above phone number.

Checks and purchase orders need to be made payable to Holiday Inn Albany.

*Complete for Credit Card: <i>Please include a copy of the credit card</i>	*Credit Card Number:	*Expiration Date:
	*Name of Cardholder:	*Signature:
*Complete for Purchase Order: <i>Please include a copy of the purchase order</i>	*Purchase Order Number:	

*Check the box if a copy of your check is included with the registration form

SPECIAL REQUESTS

CANCELLATION

If you find that you need to cancel your registration please do so by 5pm on Wednesday, March 7, 2012. Registrations cancelled after this time will be charged the full conference registration fee to the credit card on file.

PLEASE FORWARD COMPLETED RESERVATION FORMS TO: Fax: 518-533-1792 or Email: nsweeney@hialbanywolf.com
 FOR QUESTIONS PLEASE CALL 518-533-1782



OVERNIGHT ROOM RESERVATION FORM INSTRUCTIONS

One conference registration form is required for each attendee

Please complete all starred items

Please return form by the reservation deadline with all payment and tax exemption information

NYSED will pay for double-occupancy hotel accommodations. If you would like to stay in a single-occupancy room, you will need to make a reservation at your own expense.

Please note that it is the responsibility of the participants to arrange for roommates if your district or BOCES will not pay for your single occupancy room. The Holiday Inn Albany or NYSED will not be responsible for making arrangements for roommates. A reservation form for both roommates needs to be completed. Also, if you plan to arrive prior to March 11 or depart after March 14 you will be responsible for your own payment.

OVERNIGHT ROOM INFORMATION

*ARRIVAL DATE:	
*DEPARTURE DATE:	
*SINGLE OR DOUBLE OCCUPANCY:	
*FOR DOUBLE OCCUPANCY PLEASE INDICATE ROOMMATE:	

PAYMENT INFORMATION

OVERNIGHT ROOM RATE: \$92.00 PER ROOM, PER NIGHT WITH PROPER NYS TAX EXEMPTION FORMS.
WITHOUT NYS TAX EXEMPTION FORMS OVERNIGHT ROOM RATE WILL BE \$104.88 PER PERSON.

*If payment for overnight room accommodations is the same as the conference registration fee, please write "same" in required fields.

Payment can be made in the form of a credit card, check or purchase order; however, a credit card will be needed to guarantee all registrations.

The credit card will not be charged if another form of payment is submitted to the conference registration desk on the morning of Monday, March 12, 2012.

If you prefer to not give your credit card information on the form, please indicate this on the credit card portion and you will be contacted by a hotel representative at the above phone number.

Checks and purchase orders need to be made payable to Holiday Inn Albany.

*Complete for Credit Card: <i>Please include a copy of the credit card</i>	*Credit Card Number:	*Expiration Date:
	*Name of Cardholder:	*Signature:
*Complete for Purchase Order: <i>Please include a copy of the purchase order</i>	*Purchase Order Number:	

*Check the box if a copy of your check is included with the registration form

CANCELLATION

If you find that you need to cancel your overnight night room reservation please do so by 6pm on the day of arrival. Reservations canceled after 6pm on day of arrival will be charged one night room and tax to the credit card on file.

PLEASE REMEMBER...

To complete all starred fields	For all credit cards or purchase orders a copy of the credit card or purchase order is required
To include proper tax exemption forms	For all check payments, please include the check