

hotel registration form

Please fill out this form for each room requested and mail or fax to:

Office of Conference Services
809 Walnut Avenue
Syracuse, New York 13244-3200
Fax (315) 443-1346

To receive the special ERAPPA rate, hotel reservations must be made by August 20, 2004.

- Indicate preference (1,2, or 3) for each hotel. Assignments will be based on length of stay and processed in the order they were received.
- Confirmation will be sent directly from your assigned hotel.
- Daily shuttle service will be provided from each hotel to the Oncenter complex throughout the conference.
- E-mail confserv@syr.edu with questions/changes/cancellations.

Sheraton Syracuse University Hotel—For hotel information, visit www.sheratonsyracuse.com

Preference# _____ Single Room, \$125 _____ Double Room, \$135 _____ Suites, \$149 _____

Genesee Inn Hotel—For hotel information, visit www.geneseehotel.com

Preference# _____ Queen Bed, \$119 _____ Double Room, \$139 _____ Executive Suites, \$149 _____

The Marx Hotel—For hotel information, visit www.marxsyracuse.com

Preference# _____ Single room, \$129 _____ Double Room, \$129 _____

Guest Information (please type this information)

Company Name: _____ OR School Name _____

Arrival Date: _____ Departure Date: _____

First Name _____ Last Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____-_____ e-mail address _____@_____

Special needs: smoking _____ non-smoking _____ wheelchair access _____ other _____

Additional Guest Information if sharing room:

First Name _____ Last Name _____ MI _____

Credit Card Information

The following information is required to secure your reservation.

Credit Card Information: American Express _____ Discover _____ Visa _____ Diner's Club _____ Mastercard _____

Card Number _____ Expiration _____

Card Holder's Name (as it appears on card) _____