



**GRAND CHAPTER STATE OF NEW YORK ROYAL ARCH MASONS
216TH ANNUAL CONVOCATION
WEDNESDAY, FEBRUARY 27, 2013 – SUNDAY, MARCH 3, 2013**



RESERVATION DEADLINE: FEBRUARY 6, 2013

* ALL STARRED ITEMS MUST BE COMPLETED OR YOUR RESERVATION FORM WILL BE RETURNED FOR COMPLETION *

CONTACT INFORMATION

*NAME: _____

*CHAPTER / DISTRICT: _____

*OTHER PERSON(S) IN ROOM: _____

*ADDRESS: _____

*CITY / STATE: _____ *ZIP CODE: _____

*DAY TIME PHONE NUMBER: _____ FAX: _____

*EVENING PHONE NUMBER: _____ EMAIL: _____

RESERVATION INFORMATION

* DATE OF ARRIVAL: _____ * DATE OF DEPARTURE: _____

ROOM TYPE PREFERENCE, BASED ON AVAILABILITY: ONE BED TWO BEDS ACCESSIBLE (1 FULL SIZED BED)

GUEST ROOM RATE: **\$108.00 PER ROOM PER NIGHT PLUS 14% NYS TAX**
If you are exempt from NYS Sales Tax, please provide a copy of your Exemption Form when returning your Reservation Form.

PAYMENT INFORMATION

All reservations will require a credit card for guarantee, please fill in the required information below. If you prefer to call in your credit card information, you may do so by calling 518-458-7250 between 9am and 4pm Monday – Friday. If you wish to send a check it should be made payable to the Holiday Inn for \$123.12 (one night room and tax). Please note that your reservation will NOT be made without a credit card or deposit.

CREDIT CARD NUMBER**: _____ EXPIRATION DATE**: _____

NAME OF CARDHOLDER**: _____ SIGNATURE**: _____

CANCELLATION

If you find that you need to cancel your reservation please do so by 6pm on the day of arrival. Reservations cancelled after 6pm on day of arrival will be billed one night room and tax.

CONFIRMATION NUMBERS

Please note that confirmation numbers will not be provided until after February 6, 2013 at that time, confirmation numbers will be mailed to the address provided above. You will however receive either an email or mailed letter upon receipt of your reservation form so that you know that we have received it.

PLEASE SEND COMPLETED RESERVATION FORMS TO:
 Holiday Inn Reservations Department
 205 Wolf Road ~ Albany, NY 12205
 Fax: 518-458-7377 Phone: 518-458-7250

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