



VITAL SIGNS 2011

SYRACUSE, NY

October 13 - 16, 2011



VENDOR Housing Form

Please submit your reservation in **ONE** of the following ways, please do not do both.

1. **By Mail:** Syracuse CVB Housing Dept. Attn: Christie Bravos 572 South Salina St. Syracuse, NY 13202
2. **Online:** www.housingweb.net Please use Convention Code - **10060**

VERY IMPORTANT INFORMATION

GENERAL: The cut off date to make reservations is **August 31st, 2011**. Please direct all HOUSING inquiries to: Christie Bravos, Convention Services Director of the Syracuse CVB, at 315-470-1842, prior to the cut off date.

INSTRUCTIONS: Please fill out one form for each room needed. All fields are required in order for your reservation to be processed. You will receive an acknowledgement from the Syracuse CVB by email or mail after your reservation is submitted. It is not a hotel confirmation. It is an acknowledgement that we have received your request for a room and that request has been made to a hotel on your behalf.

PAYMENT: A credit card is required to reserve a room. Please **DO NOT SEND ANY MONEY, CHECKS, or TAX EXEMPT FORMS WITH THIS HOUSING FORM!** Any of these forms submitted to the CVB are invalid and will not be forwarded to your hotel.

RESERVATION INFORMATION

This is the name that your reservation will be made under. Please print clearly.

First Name: _____ Middle Initial: _____ Last Name _____

Mailing Address: Address1: _____ Address2: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Preferred Phone: _____ Mobile Phone: _____ Fax: _____

Email address: _____

Employer/Organization: _____

ROOM REQUEST INFORMATION

** All requests are based on availability on a first come first serve basis. All effort will be made to accommodate your preferences however; in the event that your 1st choice is not available you will be assigned your second choice, and so on.*

Arrival Day _____ Date _____ **Departure** Day _____ Date _____

<u>Hotel</u>	<u>Single</u>	<u>Double</u>	<u>Triple</u>	<u>Quad</u>	<u>Indicate choice 1 - 3</u>
Crowne Plaza (fmr Renaissance)	\$139	\$139	\$139	\$139	_____
Genesee Grande	\$139	\$139	\$139	\$139	_____
Parkview	\$139	\$139	\$139	\$139	_____

Room Type: Single  Double  Double/Double   Triple   Quad  

Special Needs or Requests: Non-Smoking Smoking Cot* Refrigerator* Other*: _____

**Some requests such as rollaway beds, cribs or extra refrigerators may not be available in all locations and most likely will incur additional charges. These requests are not guaranteed. Please call and confirm all requests with your hotel directly when you receive your hotel assignment.*

Are You Sharing Your Room With Other Occupants? Yes No

If yes, list all room occupants. Individuals listed here should not submit their own Housing Forms:

1. First Name: _____ Last Name: _____
2. First Name: _____ Last Name: _____
3. First Name: _____ Last Name: _____

PAYMENT INFORMATION

Credit Card Information is *required* to hold your reservation. Please **PRINT** clearly:

VISA MASTER CARD AMEX DISCOVER *Please note that all credit cards must be valid through the dates of the event.*

Credit Card Number: _____ --- _____ --- _____ --- Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____