

2022 VFPASNY Convention – May 12 – 15, 2022 Annual Conference

Best Western Plus & The Venue Uptown - 503 Washington Avenue, Kingston, NY 12401

Email (preferred): bwp@cooperhotels.com or Fax (845) 340 – 1908

HOTEL REGISTRATION FORM

Package Rates: (Package rates are per room)

- ___ a) Single Occupancy 3 nights plus conference pkg..... \$581.00 (\$639.10 inc tax)
___ b) Double Occupancy 3 nights plus conference pkg \$775.00 (\$852.50 inc tax)
___ c) Single Occupancy 2 nights plus conference pkg \$482.00 (\$530.20 inc tax)
___ d) Double Occupancy 2 nights plus conference pkg\$646.00 (\$710.60 inc tax)

Complete Conference Package includes: House Breakfast, Meetings on Friday & Saturday, Beverage Breaks and Lunch on Friday & Saturday, Dinner on Friday, Awards Reception & Dinner on Saturday

Name: _____
Affiliation: _____
Street: _____
City: _____
State: _____ Zip: _____
Phone: _____
EMAIL: _____

Room Accommodation Request (choose one)

Single King_____, Single Queen _____

Double Queen _____, Roommate name: _____

Arrival Day & Date: _____ Departure Day & Date: _____

Reservations are due by April 12, 2022 to guarantee the conference rate. Reservations made after that date are based on hotel availability and rate is not guaranteed. All rates subject 10% sales tax unless hotel is provided with a tax-exempt form from the provider of payment. **Please submit a tax-exempt form with your registration form to waive tax.** Payment for the package will be made upon receipt. Confirmation and receipt will be emailed to confirm your reservation. This purchase is non refundable if cancelled after May 5th, 2022. Credit card authorization, page 2.

CREDIT CARD AUTHORIZATION

In lieu of my Credit Card imprint, I _____, hereby authorize the **Best Western Plus Kingston** to charge my credit card for the following:

Conference Package in the Amount of \$ _____

Nonrefundable after May 5th, 2022

GUEST ROOMS - Date(s) of Stay: _____

Conference Package

CARD HOLDERS NAME: _____

CREDIT CARD # _____

EXPIRATION DATE: _____ **TYPE:** _____

My billing address: _____

Telephone Number: _____ Fax Number: _____

Cardholder's Driver's License Number: _____ State of Issue: _____ Exp. Date: _____

By signing below, I acknowledge charges described above.

(Signature of cardholder)

Date

Please complete all information requested above, sign and return.