

OFFICIAL HOUSING REGISTRATION FORM



Firemen's Association of the State of New York
140th ANNUAL CONVENTION
 Ladies Auxiliary Firemen's Association of the State of New York
64th ANNUAL CONVENTION



Please Join Us
August 14-17, 2012
 Hosted By Onondaga County VFA Convention Committee

**One Form Per Room
 Deadline:
 July 15, 2012**

ALL reservations MUST be made through the Housing Committee:

Contact: Barbara Pienkowski, Housing Chairman P.O. Box 323 Solvay, NY 13209-0323
 Phone: (315) 345-4876 (cell) (315) 468-4421 (home) Email: BarbPinky@aol.com

Personal Information: Please type or print

Name: _____ Member Number: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____ Email: _____

Person(s) Sharing Room: _____

Affiliation: FASNY LAFASNY Vendor Other: _____

Room Type: King Bed Two Beds Suite Handicap

Other Special Needs: _____

Dates: (Check all nights you plan to stay) Total Number of Nights: _____

Sun 8/12 Mon 8/13 Tues 8/14 Wed 8/15 Thurs 8/16 Fri 8/17 Sat 8/18

Hotel Choice: Please number hotels according to preference:

	Choice	Hotel	Rate	Room Type
FASNY & LAFASNY Headquarters Hotel: Holiday Inn/Staybridge Suites, Liverpool	SOLD OUT	Holiday Inn	\$159	Single/Double
	SOLD OUT	Staybridge Suites	\$159	Studio
	SOLD OUT	Staybridge Suites	\$179	1 Bedroom
	SOLD OUT	Staybridge Suites	\$219	2 Bedroom
	<input type="checkbox"/>	Comfort Inn	\$129	Single/Double
	<input type="checkbox"/>	Comfort Inn	\$169	Suite
	<input type="checkbox"/>	Ramada Inn	\$129	Single/Double/Suite
	SOLD OUT	Homewood Suites	\$159	King Bed Suite
SOLD OUT	Homewood Suites	\$169	Two Bed Suite	

Please note: Only one (1) room per reservation form (if necessary, make copies of this form). One night deposit required. All cancellations must be made through the Housing Committee in writing. Tax exempt form required with reservation. Final payment must be made with check or credit card in the name that appears on the tax exempt certificate. No cash payment with tax exempt. Hospitality Suite information available through the Housing Committee Chairman.

Deposit Payment Deadline July 15, 2012

Amount Enclosed: \$ _____ Amount Charged: \$ _____

Please make check payable to Onondaga County VFA Convention Committee or fill in the credit card information below and send it to the address above.

Credit Card Type: AMEX MC VISA Account Number:

Exp. Date: _____

Billing Address: _____

City/Town: _____ State: _____ Zip: _____

Name as it appears on card: _____

Signature: _____