

HOTEL REGISTRATION

Please note depending on your form of payment you may only need one of the following pages.

If you are paying by check, please only mail in the first page.

If you are going to pay by credit card, there are two pages necessary to fill out the Hotel registration

- Because of hotel policy, you must use page 2 to FAX the credit card information that matches the tax free form. Do not include it (page 2) with your mailed registration form.
- Mail in the registration form (page 1).

ABWM of NYS Convention at RIT Conference Center

April 28 - 30, 2017

Please fill out one form per hotel room. Please DO NOT CALL to make reservations

This reservation form is to be sent by the room contact person directly to the hotel.

 Early arrival on Thursday, April 27th, 2017 (Add \$ 99 per room to the price)

Reservations Due by **April 4, 2017** (No refunds after 04/06/17)

Friday, April 28th - Sunday, April 30th, 2017

Package includes - Friday & Saturday Lodging

Friday evening snack, Saturday- Breakfast, Luncheon and Banquet, Sunday- Breakfast

 Single \$295 Double \$201 per person Triple \$170 per person Quad \$154 per person

** All rooms are non-smoking. All reservations will be made on a first come first serve basis.

All rooms have 1 King or 1 Queen Bed or 2 Double Beds.

Special requests (we will try our best to fulfill requests) _____ Cots \$20 per night.

Arrival Date: _____ Departure Date: _____ Number of Guests: _____

ABWM Group Contact Person (one per room) _____

Address: _____

Email (For confirmation purposes) _____

Phone Number _____ () _____

Roommate (1): _____ Roommate (2) _____

Roommate (3): _____ Roommate (4) _____

Special Needs: **Mobility** _____ **Dietary** _____

Other _____

These prices include NYS and county tax exempt status. In order to receive these prices, **All forms MUST include a tax exempt form that matches the church check.** ***** Tax will be added to reservations that do not include proof of tax exemption.

Payment Enclosed _____ Check # _____ (Check made payable to : **RIT Inn and Conference Center**)

 Credit Card Payment to be submitted via FAX using the attached form.

DO SEND CREDIT CARD INFO TO ADDRESS BELOW – Only Credit Card info needs to be faxed. All other can be mailed to address noted.

Please mail form with payment to:

RIT Inn and Conference Center, P.O.Box 20551, Rochester NY 14602-0551

Attn: Emily Foe or Sandra Wagner/ Sales Office

Phone (585) 359-7770



CREDIT CARD GUARANTEE

(Please type or print clearly)

This is a letter confirming the use of the below listed major credit card. If all charges relating to the named function are NOT PAID AT COMPLETION OF THE FUNCTION, these charges will be posted to your credit card.

COMPANY NAME: American Baptist Women

START DATE OF FUNCTION: Thursday, April 27, 2017

END DATE OF FUNCTION: Sunday, April 30, 2017

AMOUNT PAID IN ADVANCE: \$ BALANCE DUE: \$

NAME OF CREDIT CARD: VISA / MASTER CARD / AMEX / DISCOVER

CREDIT CARD #: EXP. DATE:

NAME OF CARDMEMBER:
(Please Print Clearly)

BUSINESS ADDRESS OF CARDMEMBER:

BUSINESS TELEPHONE NUMBER:

SIGNATURE OF CARDMEMBER:

DATE:

CHECK ALL THAT APPLY: MEETING ROOM CHARGES
 GUESTROOM CHARGES
 INCIDENTAL CHARGES
 ALL-CHARGES

SALES MANAGER: Christie Blake

I agree that any outstanding charges, if not paid in full by the completion date of above mentioned function, may be charged to the credit card account number I have authorized above.

Signature: _____ **Date:** _____

Please return Form to Fax: (585) 359-7733