

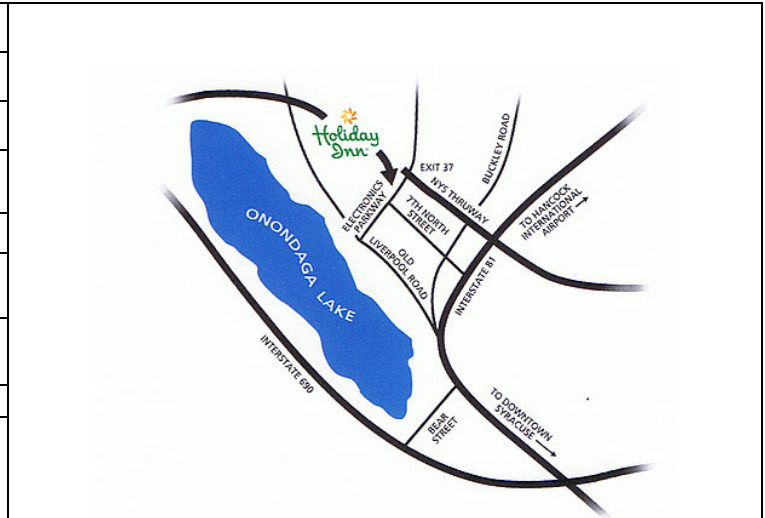


**441 Electronics Parkway
Liverpool, New York 13088
Phone (315) 457-1122 Fax (315) 451-0675**



**439 Electronics Parkway
Liverpool, NY 13088
Phone (315) 457-1900 Fax (315) 457-7814**

Group Name: NYS Band Directors
Group Code: BAN
Arrival Date: March 1, 2019 # Nights: 2
The group rates listed below are guaranteed until 1/30/19. The rate is based on availability after 1/30/19.
THE HOLIDAY INN:
Rates Per Room Per Night: -King Bed: \$130.00
The Holiday Inn Syracuse/Liverpool is 100% smoke-free.
THE STAYBRIDGE SUITES:



Rate Per Room Per Night: -Studio(Queen): \$140.00 -Two-Bedroom Suite (1 king room & 1double room): \$280 The Staybridge Suites is 100% smoke-free (Please specify in room type section on this form).
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DIRECTIONS:
From North and South: Interstate 81 to Exit 25 (7th North Street). Take a right off the exit onto 7th North Street. Follow road one mile to the end.
From East and West: NYS Thruway (I-90) to Exit 37 (Electronics Parkway). The hotel is located directly across the street from the toll booth.

To guarantee reservations, the hotel requires a valid credit card and signature or one nights' room and tax deposit.

We are pleased to honor the following Credit Cards:
American Express, Carte Blanche, Diners Club, Discover, MasterCard and Visa

The hotels are unable to provide Tax Exempt forms. Tax Exempt forms must be submitted upon check-in or mailed with this form.

Kids DO NOT eat free with a group rate.

Rollaway beds are an additional \$10.00 each per night.

There is NO additional charge for up to 4 people in a room.

Non-guaranteed reservations are held until 3PM the day prior to arrival.

RESERVATION INFORMATION:

NAME: _____

ROOMMATE: _____

ROOM TYPE REQUEST* (Circle Choices):
 Staybridge Suites Studio or Two Bedroom Suite
 Holiday Inn- King

We do our best to fulfill room type requests but they are based on availability.

ARRIVAL DATE: _____

DEPARTURE DATE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

DAYTIME PHONE: _____

Please provide an e-mail address if you would like a confirmation sent:

E-MAIL: _____

WWW.STAYSYRACUSE.COM

Please mail or fax this form to the above address or fax number. If you have questions, please call either of the above phone numbers.