



**THE AMERICAN LEGION DEPARTMENT OF NEW YORK**  
**99<sup>th</sup> Annual Convention July 16<sup>th</sup>-22<sup>nd</sup>, 2017 Syracuse, NY**  
**Official Convention Housing Form**

**VERY IMPORTANT INFORMATION**

**GENERAL:**

- The cutoff date for housing is **June 1<sup>st</sup>, 2017**. No Exceptions.
- All reservations must be made through Visit Syracuse by email or mail.
- Fill in the PDF form below and **email to: [cbravos@visitsyracuse.com](mailto:cbravos@visitsyracuse.com)**  
**Or by mail to:**  
**Visit Syracuse Housing Department**  
**Attn: Christie Bravos**  
**115 West Fayette Street**  
**Syracuse, New York 13202**
- Reservations will not be taken by phone however, if you have a question ***about this form*** please call Christie Bravos at 315-470-1842 Monday through Friday 9am-4pm.

**INSTRUCTIONS:**

- Please fill out one form for each **ONE ROOM** needed. **County delegations wishing to stay together in the same hotel must submit all housing forms together.**
- All fields are required in order to process your request.
- You will receive a confirmation back by mail or email within one week of making your reservation.

**PAYMENT:**

- **A credit card is required to make a reservation.**
- Do not send any money, checks or tax exempt forms with this housing form.
- Any forms submitted with this housing form are invalid and will not be forwarded to your hotel.

**Tax Exempt:** ***After you receive your confirmation number, hotel guests are responsible for furnishing a completed New York State Tax Exempt Certificate to their assigned hotel directly prior to their arrival.*** The name on the payment credit card and the company on the completed tax exempt form **MUST** match. The use of personal cards with a different organization named on the tax exempt certificate will not be accepted.

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**HOTEL RESERVATION INFORMATION:**

Check One:    LEGION         AUXILIARY         S.A.L.         GUEST \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Are You Sharing Your Room With Other Occupants?         Yes         No

*If yes, list here. Include first and last name. Individuals listed here should **not** submit their own Housing Forms:*

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**HOTEL ROOM REQUEST INFORMATION**









*\* Hotel requests are based on availability, on a first come first serve basis. Every effort will be made to accommodate your preferences. All hotels are subject to 13% tax. Prices listed below are per room.*

Hotel	Single	Double	Triple	Quad	Suite	Rank 1-5
Genesee Grande    Legion HQ	\$109	\$109	\$109	\$109	\$119	
Sheraton            Aux HQ	\$122	\$122	\$132	\$132	n/a	
Doubletree        Son's HQ	\$126	\$126	\$136	\$136	n/a	
Parkview Hotel	\$109	\$109	\$109	\$109	n/a	
Crowne Plaza	\$122	\$122	\$122	\$122	n/a	

Check In Date:         Day of the week \_\_\_\_\_ Date \_\_\_\_\_

Check Out Date:      Day of the week \_\_\_\_\_ Date \_\_\_\_\_

**Room Type Requested:**

- Single      Double      Double/Double       Triple       Quad  

Special Requests:     \_\_\_\_\_

*\*\*\*Please note that special requests such as refrigerators may incur additional charges.*

**HOTEL PAYMENT INFORMATION**

A credit card is required by the hotel to process your reservation even if you will be paying by another method.

If a credit card is not provided your reservation can not be processed.

- VISA     MASTER CARD     AMEX     DISCOVER

Credit Card Number: \_\_\_\_\_ \*Expiration Date: \_\_\_\_\_

\*must be valid through dates of stay

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_