



Institute of Electrical and Electronic Engineers (IEEE)

May 6, 2005 - May 13, 2005

RESERVATION INFORMATION (Please type or print legibly)

Accommodations will be occupied by:

Name(s): Mr./Ms./Dr. _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ - _____ Ext _____

Fax (_____) _____ - _____

Email _____

Arrival Date _____ Departure Date _____

of Nights _____

of Adults _____

LIST ROOMMATES

1. _____

2. _____

CUTOFF DATE: Wednesday, April 6, 2005Please reserve your room before the cutoff date indicated above, **by mailing or faxing** this completed form to the address listed at the bottom of this page.**Check-in time begins: 3:00pm Check-out time: 11:00am****ROOM RATES ARE PER ROOM PER DAY:**

# Rooms	Room Type	Single/ Double Rate
_____	Hotel Room	\$140.00
_____	Mini-Suite	\$185.00

The charge for each additional person is \$15.00 per person per night. Children under eighteen (18) years of age may stay free in their parent's room using existing bedding. Additional bedding is \$15.00 per night per bed. (Limitations apply)

Room rates are subject to combined taxes of 13.25% unless tax-exempt status has been approved – see tax-exempt information. Such tax is subject to change without notice.

OTHER REQUESTS:

The following are requests only and are on a first come first served basis.

____ King ____ 2 Double Beds
____ Smoking ____ Non Smoking

ADDITIONAL INFORMATION:

For directions please visit the Hotel's website at

www.PrimeHotelsandResorts.com/Saratoga

Reservations for this event are NOT able to be booked via the internet.

RESERVATION GUARANTEE / DEPOSIT POLICY:

All reservations must be guaranteed using a credit card or advance deposit.

Guests will be penalized for early departure. All reservations must be guaranteed for the entire stay. Unless the reservation is changed prior to check-in, guests having an early departure will be charged the full room rate for their entire scheduled stay.

Please send a check or money order in the amount of one night's stay; or indicate the appropriate credit card information below. *American Express, Visa, Master Card, Diner's Club or Carte Blanche* are all acceptable.

Credit Card Company _____ Exp. Date _____

Account Number _____

Name of Card Holder _____

Signature _____

CANCELLATION POLICY:Cancellation less than forty-eight (48) hours prior to the scheduled arrival date will result in forfeiture of your deposit **or** if a credit card was used, a charge equal to one night's stay will be applied to the above credit card.**TAX EXEMPT INFORMATION:****If your exempt organization is paying for your stay the following information applies:**A completed ST 119.1 form as well as a **copy of your form of payment** (Company Check or Company Credit Card) must be received with this form.**If paying by personal check, credit card or cash, the following information applies:****NYS Employees or Employees of its political subdivisions:**

A completed AC-946 form must be received with this form. Proper identification will need to be shown at check-in.

US Government Employees:

A completed ST-129 form must be received with this form. Proper identification will need to be shown at check-in.

Group Code: 000284

Return this form to:

The Prime Hotel & Conference Center Reservations Department, 534 Broadway, Saratoga Springs, NY 12866
518-584-4000 or 1-888-999-4711 • Reservations Fax Number: 518-584-7430