

# 2009 ICST CONFERENCE

Tuesday, September 29, 2009 . Saturday, October 3, 2009  
Holiday Inn Albany on Wolf Road

\*\* ALL STARRED ITEMS MUST BE COMPLETED OR YOUR RESERVATION FORM WILL BE RETURNED FOR COMPLETION. \*\*

## Contact Information

\*\*NAME: \_\_\_\_\_  
\*\*COMPANY / AGENCY: \_\_\_\_\_  
\*\*OTHER PERSON (S) IN ROOM: \_\_\_\_\_  
\*\*ADDRESS: \_\_\_\_\_  
\*\*CITY/STATE/ZIP: \_\_\_\_\_  
\*\*BUSINESS PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
\*\*HOME PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

## Reservation Information

\*\* DATE OF ARRIVAL: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*\* DATE OF DEPARTURE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\*\* ROOM PREFERENCES (based on availability)  One Bed  Two Beds  Smoking

## Rates and Accommodations

The below rates are *inclusive* of service charge and tax where applicable and will include Overnight Accommodations for One Night and Breakfast the following morning.

|  |   |
|--|---|
| <input type="checkbox"/> Single Occupancy Tax Exempt .<br>\$142.00 per room  | <input type="checkbox"/> Single Occupancy Taxable .<br>\$161.00 per room  |
| <input type="checkbox"/> Double Occupancy Tax Exempt .<br>\$77.50 per person | <input type="checkbox"/> Double Occupancy Taxable .<br>\$87.00 per person |

*Cancellation: If you find that you need to cancel your reservation please do so by 3pm on Thursday, September 24, 2009. Reservations cancelled after 3pm on September 24<sup>th</sup> will be billed the full amount of package*

*If you are exempt from NYS Sales Tax, please provide a copy of your Exemption Form when returning your Reservation Form. ALL TAX EXEMPT FORMS MUST BE PROVIDED BY SEPTEMBER 15TH TO BE CONSIDERED FOR EXEMPTION.*

## Payment Information

*A check deposit is not required. If you wish to send a check it should be made payable to the Holiday Inn on Wolf Road. All reservations will require a credit card for guarantee, please fill in the required information below.*

Credit Card Number\*\*: \_\_\_\_\_ Expiration Date\*\*: \_\_\_\_\_  
Name of Cardholder\*\*: \_\_\_\_\_ Signature\*\*: \_\_\_\_\_

**PLEASE SEND COMPLETED RESERVATION FORMS TO:**

Holiday Inn Reservations Department  
205 Wolf Road ~ Albany, NY 12205  
Fax: 518-458-7377 Phone: 518-458-7250

**RESERVATION DEADLINE: SEPTEMBER 8, 2009**