



**American Legion 100th Mid-Winter Conference Reservation Form -
January 25-27, 2019**

Group ID: AML

Rates: \$138.00 single/dbl.

1. In order to receive the special conference rate, please use this form to place your reservation.
NO TELEPHONE reservations will be accepted!
2. **Check-in time is 4:00PM.** Guest room availability and check-in cannot be guaranteed before that time.
3. **Check-out time is 12 noon.** We will provide a room for luggage storage in the event that your group functions do not end prior to check-out.
4. There is a 24 hour cancelation policy. Should you fail to arrive or cancel 24 hours before the specified day of arrival, you will forfeit your deposit for one night at the confirmed rate plus tax charged to the credit card listed below.
5. Room rates are charged by the actual number of people in a room. If your roommate is unable to attend and you can find no substitute, you will be charged at the applicable rate. The Desmond cannot be responsible for assigning roommates.
6. We will make every effort to honor specific room requests based on availability.
7. In order to receive the identified conference rate, **reservations must be made prior to January 4, 2019.** After this date, all remaining rooms will be released and accommodations will be accepted on an availability basis only.
8. Rooms are not guaranteed by purchase order or voucher. **A credit card is required to guarantee.**
9. Personal checks are only accepted as method of payment up to 14 days prior to your arrival date. They cannot be accepted past this point.
10. **Please note; if you are tax exempt, you are required to present a NYS Tax Exempt form (ST-119 and ST-119.5) in advance or upon check-in.**

Roommate #1: PLEASE PRINT CLEARLY

Name: _____ Arrival: _____ Departure: _____

Phone: _____ Email Address: _____

Address: _____

Guarantee Reservation/Reservations to Credit Card # below. Upon check-in you will be asked to PROVIDE final method of payment. We will need a credit card authorization form if you do not have the credit card below with you upon check in.

Card Holders Name (please print): _____

Billing Address for Credit Card: _____

Credit Card #: _____

Credit Card Security Code (located on back): _____ Expiration Date: _____

Card Holders Signature: _____ Date: _____

Roommate #2: Name: _____ Arrival: _____ Departure: _____

Roommate #3: Name: _____ Arrival: _____ Departure: _____

Roommate #4: Name: _____ Arrival: _____ Departure: _____



Please Mail Reservation Form to:

The Desmond Hotel, Group Reservations, 660 Albany-Shaker Rd., Albany, NY 12211

FAX: 518-640-6068 or Email: jonni.adler@desmondhotels.com