



# North American Society for Sport History

**ARRIVAL: Friday, May 23, 2008**

**DEPARTURE: Tuesday, May 27, 2008**

## LODGING RESERVATION FORM

Package Rates are Quoted Per Person, Per Stay

<u>SINGLE</u>	<u>DOUBLE</u>	<u>TRIPLE</u>	<u>QUAD</u>
<b>\$ 744.00</b>	<b>\$ 472.00</b>	<b>\$ 404.00</b>	<b>\$ 368.00</b>

Package Rates include 4 Nights' Lodging, 3 Breakfasts, 2 Keynote Luncheons, 3 Morning Refreshment Breaks, 2 Afternoon Refreshment Breaks, 2 Friday night Cocktail tickets, a Full Course Banquet and service charges on all Food & Beverage. All rates are subject to applicable taxes.

For those guests staying less than the full stay, the Nightly Package rates are:

<u>SINGLE</u>	<u>DOUBLE</u>	<u>TRIPLE</u>	<u>QUAD</u>
<b>\$ 222.00</b>	<b>\$ 155.00</b>	<b>\$ 137.00</b>	<b>\$ 129.00</b>

This package includes 1 night's Lodging, Breakfast, Lunch, 1 Morning Refreshment Break, 1 Afternoon Refreshment Break and service charges on all Food & Beverage. All rates are subject to applicable taxes.

*Less than full stays that include Monday night will be charged an additional \$45.00 plus NYS tax to cover Banquet charges.*

- ❖ To confirm your reservation, a Deposit of \$250.00 is due by Wednesday, April 23, 2008 in the form of a Check or Credit Card.
- ❖ Reservations received after Wednesday, April 23, 2008 will be accepted upon availability.
- ❖ Cancellations must be received by Friday, May 9, 2008.
- ❖ After Friday, May 9, 2008, refunds will not be given for cancellations.
- ❖ Telephone Reservations must be guaranteed by a major Credit Card.
- ❖ Final payment arrangements for your stay will be required upon arrival in the form of Cash, major Credit Card or Purchase Order.
- ❖ Rates for Early Arrival before Friday, May 23, 2008 or for Late Departure after Tuesday, May 27, 2008 will be quoted upon request and subject to availability.
- ❖ Check-in time is 4:00 p.m. and Checkout time is 11:00 a.m.

Name \_\_\_\_\_ Roommate \_\_\_\_\_  
 Roommate (2) \_\_\_\_\_ Roommate (3) \_\_\_\_\_  
 Company/Affiliation \_\_\_\_\_ Email: \_\_\_\_\_  
 Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

*Please submit only ONE form per room with all roommates listed on ONE form*

Single  Double  Triple  Quad

Request for:  Smoking  Non-Smoking  
*Granted based on Availability*

ARRIVAL \_\_\_\_\_

DEPARTURE \_\_\_\_\_

Check \$ \_\_\_\_\_

CC# \_\_\_\_\_ Exp \_\_\_\_\_

**I have read and agree with the above Reservation Policies.**

X \_\_\_\_\_

**Submit form and deposit by Wednesday, April 23, 2008 to:**

Hilton Lake Placid Resort  
 One Mirror Lake Drive  
 Lake Placid, NY 12946  
 Telephone 518-523-4411  
 Fax 518-523-1120

**Confirmation of your Reservation will be faxed or mailed using the information provided on this form.**

Package Total \$ \_\_\_\_\_

Conf# \_\_\_\_\_ Agent \_\_\_\_\_ Date \_\_\_\_\_