



DOUBLETREE®

A Member of the Hilton Family of Hotels

Thank you for requesting reservations at the Doubletree Hotel Syracuse. Our entire staff would like to extend a warm welcome to you during your upcoming meeting.

Your reservation will be confirmed upon receipt of one night's room and tax or credit card guarantee. Your deposit must be received within 30 days from the date your reservation is made. Advance deposit is refundable if you cancel at least 24 hours before your scheduled arrival date.

You may send a check for your deposit, or secure your reservation to a credit card along with this form. Please complete the credit card information on this form to authorize your reservation guarantee. You may call the National Reservation Office directly (800) 222-TREE and book your room. Or, you may fax this form directly to our hotel (315) 433-1210.

If more than one person will share the room, please include the names of the additional occupants. Check out time is 12 noon and rooms may not be available for check in until 3:00pm

# FEDERATION OF NY INSURANCE PROFESSIONALS, INC.

WEDNESDAY, APRIL 9, 2008 - SUNDAY, APRIL 13, 2008  
RESERVATION CUT OFF DATE - SATURDAY, MARCH 15, 2008

(PLEASE PRINT OR TYPE)

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

SHARING ROOM WITH: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

**Room Rates:** \$119.00 per night plus Applicable Sales Tax, Single / Double Occupancy  
\$125.00 per night plus Applicable Sales Tax, Triple / Quad Occupancy

\*Cot requests are an additional \$15.00 charge.

\*The Conference Rate may be available prior to and after the conclusion of the conference based on availability only. Please contact our Reservations Dept. directly at (315) 432-0200 to check availability.

### Please Check Preferred Accommodations

\_\_\_\_\_ King Size Bed    \_\_\_\_\_ (2) Double Beds    \_\_\_\_\_ Smoking    \_\_\_\_\_ Non-Smoking

The Doubletree Hotel Syracuse will attempt to accommodate your request; however, at times, this may not be possible. We will provide the best available room.

### Make Check or Money Order Payable To

Doubletree Hotel Syracuse  
6301 Route 298  
East Syracuse, NY 13057

**Do Not Send Currency**

### Credit Card Information

I hereby authorize the Doubletree Hotel Syracuse to guarantee my reservation to the following credit card.

Credit Card #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_