

No phone reservations, **this form must be received by March 15, 2019**. This does not guarantee that you will have a room at the Radisson as reservations are on a first-come, first serve basis. Reservations made after March 15th are subject to hotel availability and rate is not guaranteed. E-mail, fax or mail this form to the Radisson Hotel Corning. Faxes come to our secured accounting office, (only open M-F; 8:30-4:30) Your e-mailed confirmation should arrive within 3 business days. Check-in: 4 PM Check-out: 1 PM

2 NIGHT PKG:		Includes accommodations for Friday & Saturday nights along with the following meals and 20% food service charge.		
Fri. Apr. 12	Lunch, Afternoon Break and Dinner			
Sat. Apr. 13	Breakfast, Lunch, Afternoon Break and Served Dinner *			
Sun. Apr. 14	Breakfast			
		Please Circle your Package Choice		Select room type / Not Guaranteed
Friday & Saturday Nights	<u>Single Occ.</u>	<u>Double Occ. (Per Person)</u>	<u>Triple Occ. (Per Person)</u>	
Package Price	\$438.34	\$330.34	\$294.31	<input type="checkbox"/> 1 King Bed
Sales and Occ. Taxes	\$42.68	\$29.72	\$25.40	<input type="checkbox"/> 2 Double Beds
Total With Tax	\$481.02	\$360.06	\$319.71	All Rooms are non-smoking
* Saturday Dinner Choice: <input type="checkbox"/> Grilled Salmon <input type="checkbox"/> Stuffed Chicken Breast <input type="checkbox"/> Artichoke & Pepper Turnover (Please note any dietary needs)				

FRI NIGHT PKG:		Includes accommodations for Friday night along with the following meals and 20% food service charge.		
Fri. Apr. 12	Lunch, Afternoon Break and Dinner			
Sat. Apr. 13	Breakfast			
		Please Circle your Package Choice		Select room type / Not Guaranteed
Friday Night	<u>Single Occ.</u>	<u>Double Occ. (Per Person)</u>	<u>Triple Occ. (Per Person)</u>	
Package Price	\$215.24	\$161.24	\$143.24	<input type="checkbox"/> 1 King Bed
Sales and Occ. Taxes	\$21.07	\$14.59	\$12.43	<input type="checkbox"/> 2 Double Beds
Total With Tax	\$236.31	\$175.83	\$155.67	All Rooms are non-smoking

SAT NIGHT PKG:		Includes accommodations for Saturday night along with the following meals and 20% food service charge.		
Sat. Apr. 13	Lunch, Afternoon Break and Served Dinner *			
Sun. Apr. 14	Breakfast			
		Please Circle your Package Choice		Select room type / Not Guaranteed
Saturday Night	<u>Single Occ.</u>	<u>Double Occ. (Per Person)</u>	<u>Triple Occ. (Per Person)</u>	
Package Price	\$223.10	\$169.10	\$151.10	<input type="checkbox"/> 1 King Bed
Sales and Occ. Taxes	\$21.62	\$15.14	\$12.98	<input type="checkbox"/> 2 Double Beds
Total With Tax	\$244.72	\$184.24	\$164.08	All Rooms are non-smoking
* Saturday Dinner Choice: <input type="checkbox"/> Grilled Salmon <input type="checkbox"/> Stuffed Chicken Breast <input type="checkbox"/> Artichoke & Pepper Turnover (Please note any dietary needs)				

A La Carte Meal Plans: If you are NOT purchasing an overnight package, please select any meals you wish to purchase as a Day-Trippler or Spouse						
	Fri Apr 12	Fri Apr 12	Sat Apr 13	Sat Apr 13	Sat Apr 13	Sun Apr 14
	Lunch & PM Break	Dinner	Breakfast	Lunch & PM Break	Served Dinner *	Breakfast
w/20% Srvc Chrg	\$32.10	\$39.54	\$15.60	\$36.90	\$42.60	\$15.60
Sales Tax	\$2.25	\$2.77	\$1.09	\$2.58	\$2.98	\$1.09
Total with tax	\$34.35	\$42.31	\$16.69	\$39.48	\$45.58	\$16.69
* Saturday Dinner Choice: <input type="checkbox"/> Grilled Salmon <input type="checkbox"/> Stuffed Chicken Breast <input type="checkbox"/> Artichoke & Pepper Turnover (Please note any dietary needs)						

Name: _____ Arrival Date: _____ Departure Date: _____

Address: _____

Phone Number : _____ Email Address: _____

All reservations must be secured with a credit card, purchase order or prepayment of check or money order made payable to "Radisson Hotel Corning".

Checks must be received by April 2nd, 2019. Reservation received with no form of guarantee will not be accepted.

Cancellations must be received by 6:00 pm 2 days prior to your arrival date to avoid a cancellation fee equal to the first night's charges.

Credit Card Type American Express Discover Visa Master Card

Credit Card # _____ Expiration Date: _____

Name on Card _____

Roommate 1: _____ Arrival Date: _____ Departure Date: _____

Roommate 2: _____ Arrival Date: _____ Departure Date: _____

One registration form is required for each attendee in the room. Please have your room mate complete their own form, listing you as their share.

If your roommate is simply sharing the room and is not attending session or meals, check here _____, no other forms are required.

_____ I have attached a completed NYS Tax Exemption Form (ST-119) and am requesting tax exempt rates. (One form for each attendee)