

# Adirondack Society of Physician Assistants

ARRIVAL: Thursday, February 25, 2010

DEPARTURE: Sunday, February 28, 2010

## LODGING RESERVATION FORM

<b>Daily Room Rates are:</b>			
	<u>SINGLE/DOUBLE</u>	<u>TRIPLE</u>	<u>QUAD</u>
<b>Wednesday 2/24/2010</b>	<b>\$149.00</b>	<b>\$169.00</b>	<b>\$189.00</b>
<b>Thursday 2/25/2010</b>	<b>\$174.00</b>	<b>\$194.00</b>	<b>\$214.00</b>
<b>Friday 2/26/2010</b>	<b>\$184.00</b>	<b>\$204.00</b>	<b>\$224.00</b>
<b>Saturday 2/27/2010</b>	<b>\$164.00</b>	<b>\$184.00</b>	<b>\$204.00</b>

*All room rates are subject to applicable NYS taxes.*

- ❖ To confirm your reservation, a Deposit of \$180.00 is due by Monday, January 25, 2010 in the form of a Check or major Credit Card.
- ❖ Reservations received after Monday, January 25, 2010 will be accepted upon availability.
- ❖ Cancellations must be received by Monday, February 15, 2010.
- ❖ After Monday, February 15, 2010, 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 or major Credit Card.
- ❖ Rates for Early Arrival before **Wednesday, February 24, 2010** or for Late Departure after **Sunday, February 28, 2010** 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 \_\_\_\_\_  
 Company/Affiliation \_\_\_\_\_  
 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**

ARRIVAL \_\_\_\_\_

DEPARTURE \_\_\_\_\_

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

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

**I have read & agree with the Reservation Policies.**  
 X \_\_\_\_\_

**Submit form and deposit by High Peaks Resort to:**  
 High Peaks Resort  
 2384 Saranac Avenue  
 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.**

Stay Total \$ \_\_\_\_\_

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

Date \_\_\_\_\_