

NEW YORK DISTRICT KIWANIS MID-YEAR CONFERENCE

February 20-22, 2009

Hudson Valley Resort & Spa Reservation Form



Deluxe Accommodations For Two Nights

- Single Occupancy – Per Person, Per Stay
\$365.00 Inclusive of service charges
- Double Occupancy – Per Person, Per Stay
\$265.00 Inclusive of service charges
- Triple Occupancy – Per Person, Per Stay
\$245.00 Inclusive of service charges
- Quad Occupancy – Per Person, Per Stay
\$235.00 Inclusive of service charges

- Children's Rates- As third & Forth Occupant
Children 5 and Under Free
- Children 6-12
\$70.00 Per Child, Per Stay
- Children 13-17
\$130.00 Per Child, Per Stay

Rates Include: Overnight accommodations, six (6) meals daily starting with dinner on day of arrival through lunch on day of departure
(Rates are subject to prevailing NYS Tax)

One Night Stay – Limited To 10 Rooms (Upon approval from the district)

- Single Occupancy – Per Person, Per Night
\$208.00 Inclusive of service charges
- Double Occupancy – Per Person, Per Night
\$158.00 Inclusive of service charges
- Triple Occupancy – Per Person, Per Night
\$148.00 Inclusive of service charges

Rates Include: Overnight accommodations, three (3) meals daily starting with dinner on day of arrival through lunch on day of departure
(Rates are subject to prevailing NYS Tax)

PLEASE PRINT OR TYPE

Name: _____
Address: _____
City, State, Zip: _____
Evening Phone: _____ Day Phone: _____
Arrival Date: _____ Departure Date _____
Sharing Room With: _____

***Credit card information for deposit**

Name on Credit Card _____
Credit Card Number _____
Expiration Date _____
Signature _____

*The Hotel is not responsible for assigning room mates. 1. _____ 2. _____

DEPOSIT: Individuals are required to provide the Hotel with a **deposit of \$100.00 per room plus Kiwanis Registration fee** with this form by **FEBRUARY 9, 2009**. Make checks payable to Hudson Valley Resort & Spa. We also accept Amex, MasterCard, Visa, , and Discover Cards for deposit – please complete the information requested: Any and all cancellations made less than seven (7) days prior to arrival will be subject to the forfeiture of the individual's deposit. Individuals who are categorized as a "No Show" will be billed in full. After the cut off date, or when your room block has filled, the Hudson Valley Resort & Spa will accept group reservations on a space availability basis. After that date rooms are subject to availability.

Registration fees for Kiwanian and/or Guest \$40 each

Late fees apply after February 13, 2009 of \$10.00 per registration, with no refund after 2/13/09

BADGE INFORMATION

CLUB: _____ DIVISION _____

NAME: _____
FIRST LAST NICK NAME FOR BADGE

SPOUSE NAME: _____
First Last(if different) Nick Name if any if Kiwanian club name Title

CHILDREN: First Name Only _____

PLEASE PRINT YOUR CURRENT TITLE: _____

Honors: Please Circle all that apply, put a 2 if Partner also apply First Timer Life Member Hixson Tablet of Honor

Heritage Society Kaiser KPTC Empire Club Pediatric Lyme Past Governor Past Lt. Governor

PLEASE MAIL, OR FAX: THIS FORM TO: Attn: Reservations Department (**No Phone Reservations will be accepted**)

Hudson Valley Resort & Spa, 400 Granite Road, Kerhonkson, NY 12446 FAX: (845) 626-2677