

## HOUSING INFORMATION AND INSTRUCTIONS

### Representative Assembly and Pre-RA Local and Retiree Council Presidents' Conference, May 2006

1. Requests for housing can be made only by submitting the official Housing Application form or by reserving online at [www.nysut.org](http://www.nysut.org). **Phone reservations will not be accepted by hotels at the Convention Rate.** Reservations are accepted on an availability basis — first come, first served — but no later than **March 27**.
2. Complete only **one application form per room** and mail in the blue pre-addressed envelope promptly to: RA Reservations, NYSUT, 800 Troy-Schenectady Road, Latham, NY 12110-2455.
3. In the event that the block of rooms at your first-choice hotel becomes exhausted, your reservation will be automatically transferred to the next available property.
4. **A non-refundable deposit of \$100 per room is required** and all reservations will be considered by the hotel as guaranteed for late arrival. The deposit will be applied to the first night of stay. **Check or money order made payable to NYSUT**, or American Express, Visa or Master Card will be accepted for this deposit. **No Discover cards please.** Credit cards may be charged the deposit after March 23.
5. A rebate has been added to the established convention rates to cover some convention-related costs.
6. Primary occupant can expect to receive confirmation by April 10. If a confirmation is not received by that time, contact NYSUT Travel & Conference Services at (800) 342-9810 ext. 6699 or by e-mail to [rabouse@nysutmail.org](mailto:rabouse@nysutmail.org).
7. **Cancellations** may be made directly with NYSUT up until April 21 and must be submitted in writing either via fax at (518) 213-6461 or e-mail to [rabouse@nysutmail.org](mailto:rabouse@nysutmail.org). **Changes** in arrival, departure or name must be made directly with the hotel after receipt of a hotel confirmation.
8. See below for rates at each hotel.
9. Since NYSUT locals are not eligible for sales tax exemption, the hotel will not accept tax exemption certificates.
10. Requests for **suites** should be made on the official housing form and mailed to NYSUT Travel & Conference Services in the blue envelope provided. You will be contacted to discuss availability and rates.

<u>Hotel</u>	<u>Address</u>	<u>Single/Double Rate</u>	<u>Triple Rate</u>
Doubletree Rochester	1111 Jefferson Road	\$125	
Holiday Inn Airport Rochester	911 Brooks Avenue	\$110	
Radisson Inn Rochester Airport	175 Jefferson Road	\$115	\$125
Clarion Rochester	120 East Main Street	\$120	
Hyatt Regency Rochester	125 East Main Street	\$140/\$153	
Crowne Plaza Rochester	70 State Street	\$115	\$125

*Hotel taxes are 14%*

All properties have the following in-room amenities: Iron/Board, Hair Dryer, Coffee Maker and Refreshment/Snack Bar. Each also has a lounge, restaurant, fitness room and room service.

# HOUSING APPLICATION

**Representative Assembly**

**May 4–6, 2006**

**DEADLINE: March 27, 2006**

**Please Print**

Last Name	First Name	Middle Initial
Address	City	State Zip Code
<b>Social Security Number or NYSUT ID*</b>  _____	Work Phone      Ext. _____ ____ - ____ - _____ Home Phone ____ - ____ - _____	E-mail Address
<b>*must be filled in</b>		

<b>Arrival Date</b> <input type="checkbox"/> Tuesday, 5/2 <input type="checkbox"/> Wednesday, 5/3 <input type="checkbox"/> Thursday, 5/4 <input type="checkbox"/> Friday, 5/5	<b>Departure Date</b> <input type="checkbox"/> Thursday, 5/4 <input type="checkbox"/> Friday, 5/5 <input type="checkbox"/> Saturday, 5/6 <input type="checkbox"/> Sunday, 5/7	<b>Deposit</b> <input type="checkbox"/> Use Credit Card Number <i>(to the right →)</i>  <input type="checkbox"/> Check Enclosed <b>Make check payable to          NYSUT: \$100 per room</b>  Expiration Date: ___ / ___ / ___ <i>month / year</i>  _____ <i>Authorized Signature:</i>
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<b>Number of Guests in Room</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<b>Number of Beds</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<b>Preferences</b> <input type="checkbox"/> Smoking <input type="checkbox"/> Non-smoking	<input type="checkbox"/> Other: <i>(please describe)</i>  <input type="checkbox"/> Place "x" here if you require any device or accommodation as provided for by the Americans with Disabilities Act. You will be contacted by NYSUT Travel & Conference Services.
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Hotel First Choice ("X" only one box)	Hotel taxes are 14%	<u>Single/Double Rate</u>	<u>Triple Rate</u>
<input type="checkbox"/> Doubletree Rochester	1111 Jefferson Road	\$125	
<input type="checkbox"/> Holiday Inn Airport Rochester	911 Brooks Avenue	\$110	
<input type="checkbox"/> Radisson Inn Rochester Airport	175 Jefferson Road	\$115	\$125
<input type="checkbox"/> Clarion Rochester	120 East Main Street	\$120	
<input type="checkbox"/> Hyatt Regency Rochester	125 East Main Street	\$140/\$153	
<input type="checkbox"/> Crowne Plaza Rochester	70 State Street	\$115	\$125

Share With #1:	Last Name	First Name
Share With #2:	Last Name	First Name

***Make a copy of this form for your records.***

*Mail to: NYSUT RA, 800 Troy-Schenectady Road, Latham, NY 12110*

*Fax to: (518) 213-6461*

*Fill out online at [www.nysut.org](http://www.nysut.org)*