

## HOTEL BOOKING TERMS & CONDITIONS

ITCofNY hotel rates are only available to delegates using the booking form below, and after allocations are released (May 15, 2007), we are unable to guarantee the rates shown. Hotel bookings will be taken up to and including May 15, 2007.

Any bookings made after that date will be subject to availability and may be subject to an administration fee.

All room rates are quoted exclusive of applicable state and local taxes (currently 13.375%), as well as a per night occupancy tax of \$3.50. Any cancellations made less than 48 hours prior to your first reservation date will be charged to you at the full room rate for each night booked.

Where delegates are departing earlier than the planned date, refunds will only be available if the room is resold. Where we are unable to fill any cancelled rooms the full rate will be payable.



## HOTEL RATES (ALL ROOMS ARE KING SIZE AND NON-SMOKING)

<b>W Union Square*</b> 201 Park Ave. South King \$ 439.00	<b>W Times Square</b> 1567 Broadway King \$ 419.00	<b>W New York</b> 541 Lexington Avenue King \$ 329.00
<b>Dream</b> 210 W 55th Street King \$ 355.00	<b>QT</b> 125 W 45th Street King \$ 255.00	<b>Ameritania</b> 230 W 54th Street King \$ 229.00

\* ITCofNY Headquarters Hotel

## HOTEL BOOKING REQUEST FORM

1. Full Name \_\_\_\_\_  
Check In Date \_\_\_\_\_ Check Out Date \_\_\_\_\_ 1st Choice Hotel \_\_\_\_\_ 2nd Choice Hotel \_\_\_\_\_

2. Full Name \_\_\_\_\_  
Check In Date \_\_\_\_\_ Check Out Date \_\_\_\_\_ 1st Choice Hotel \_\_\_\_\_ 2nd Choice Hotel \_\_\_\_\_

3. Full Name \_\_\_\_\_  
Check In Date \_\_\_\_\_ Check Out Date \_\_\_\_\_ 1st Choice Hotel \_\_\_\_\_ 2nd Choice Hotel \_\_\_\_\_

4. Full Name \_\_\_\_\_  
Check In Date \_\_\_\_\_ Check Out Date \_\_\_\_\_ 1st Choice Hotel \_\_\_\_\_ 2nd Choice Hotel \_\_\_\_\_

5. Full Name \_\_\_\_\_  
Check In Date \_\_\_\_\_ Check Out Date \_\_\_\_\_ 1st Choice Hotel \_\_\_\_\_ 2nd Choice Hotel \_\_\_\_\_

6. Full Name \_\_\_\_\_  
Check In Date \_\_\_\_\_ Check Out Date \_\_\_\_\_ 1st Choice Hotel \_\_\_\_\_ 2nd Choice Hotel \_\_\_\_\_

## CONTACT DETAILS

Company Name \_\_\_\_\_  
Contact Address \_\_\_\_\_ Zip/Post Code \_\_\_\_\_  
Country \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

## HOTEL PAYMENT DETAILS

Credit card information below will be used to guarantee the reservation (required for all hotels).

Any cancellations made less than 48 hours prior to your reservation date will be charged to you at the full room rate for each night booked.

Card Type:  Visa  Mastercard  Amex

Cardholder's Name \_\_\_\_\_  
Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

Please return this form to:

**Lisa Novik** Lisa Novik is also available to assist with airfare bookings.  
Travel Coordinator  
c/o Linden Travel  
Inovik@lindentravel.com  
Phone: 212.784.0251  
Fax: 212.784.0255

HOTEL BOOKING PROCEDURE