



ESSA FALL 2024 CONFERENCE
HOTEL OVERNIGHT RESERVATION FORM
NOVEMBER 13 & 14, 2024

Best Western Plus Oswego Hotel and Conference Center
 26 East First Street, Oswego NY 13126
 Tel (315) 342-4040 Fax (315) 342-5454
 Email: sarah@bhgmail.com

Reservations are on a first-come, first serve basis. No phone reservations, **this form must be received by October 30, 2024.** Emailing this does not guarantee that you will have a room at the Best Western Plus Oswego Hotel and Conference Center. E-mail this form to **sarah@bhgmail.com** at the Best Western Plus Oswego Hotel and Conference Center. Your e-mailed confirmation should arrive within 3 business days. Check-in: 4 PM Check-out: 11 AM

| | | |
|--|--|--|
| Wednesday NIGHT PKG: Accommodations for Wednesday Night; with the following meals and gratuities. | | |
| Wed. Nov. 13 | Dinner Buffet | |
| Thu. Nov. 14 | Breakfast Buffet | |
| | Please Circle your Package Choice | Select room type / Not Guaranteed |
| | <u>Wednesday Night</u> | |
| | <u>Single Occ.</u> | |
| | Package Price with tax | _____ 1 Queen Bed |
| | Package Price tax exempt | _____ 2 Queen Beds |

Name: _____ Arrival Date: 11/13/2024 Departure Date: 11/14/2024

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 "Best Western Plus Oswego".
 Checks must be received by October 30, 2024. Reservation received with no form of guarantee will not be accepted.
 Cancellations must be received by November 10, 2024 to avoid a cancellation fee of one nights reservation.*

Credit Card Type _____ American Express _____ Diners Club _____ Discover _____ Visa _____ Master Card

Credit Card # _____ Expiration Date: _____

Name on Card _____

Room Mate 1: _____ Arrival Date: _____ Departure Date: _____

Room Mate 2: _____ Arrival Date: _____ Departure Date: _____

One reservation 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 and am requesting tax exempt rates.