ESSA FALL 2026 CONFERENCE

HOTEL OVERNIGHT RESERVATION FORM

OCTOBER 21 & 22, 2026

Best Western Plus Hotel & Conference Center

26 East First Street, Oswego, NY 13126
Telephone: (315) 342-4040

Reservation Instructions

- Reservations are accepted on a **first-come, first-served basis**.
- **Phone reservations will not be accepted.**
- This completed form must be received **no later than October 1, 2026**.
- **Reference Group:** ESSA Fall Conference
- Email your completed form to: **Jonathan@bhgmail.com**

Important Notes:

- **Emailing this form does not guarantee a reservation.**
- You will receive a confirmation email within **3 business days** of submission.
- **Check-in:** After 3:00 PM | **Check-out:** By 11:00 AM
- Reservations received **without payment or guarantee** will not be accepted.
- Reservations submitted **after September 15, 2026,** will be accepted **based on availability**.

Reservation Guarantee

All reservations must be secured with one of the following:

- Valid **Credit Card**
- **Purchase Order / Voucher**
- **Prepayment** by check or money order, payable to: **Best Western Plus Oswego**
- **Checks must be received by September 15, 2026.**

Cancellation Policy: Cancellations must be received by **October 18, 2026,** to avoid a **cancellation fee equal to one night's stay**.

Wednesday Night Package

Includes accommodations for Wednesday night; with the following meals and gratuities.

- Wednesday, October 21 - Dinner Buffet
- Thursday, October 22 - Breakfast Buffet

Please check your package selection: Arrival Date: 10/21/26 **Departure Date:** 10/22/26

	Wednesday Night	**Single Occupancy**	**Select Room Type (Not Guaranteed)**
❑	Package Price - with tax	$388.00	❑ 1 Queen
❑	Package Price - tax exempt	$325.00	❑ 2 Queens

❑ I have attached a completed NYS Tax Exemption Form and requesting tax exempt rates.

Guest Information

Name_____

Address_____

Phone Number_____ Email Address_____

Payment Information

Payment Type: ❑American Express ❑Discover ❑Visa ❑MasterCard ❑Voucher

Credit Card #_____ Expiration Date:_____ CVC:_____

Name on Card_____

Roommate Information

Roommate 1 Name:_____

Arrival Date: _____ Departure Date: _____

Roommate 2 Name:_____

Arrival Date: _____ Departure Date: _____

- One reservation form is required for each attendee in the room.
- Please have your roommate complete their own form listing you as their share.
- If your roommate is simply sharing the room and is not attending sessions or meals, please check here ❑, no other forms are required.