



# ESSA SPRING 2026 CONFERENCE HOTEL OVERNIGHT RESERVATION FORM APRIL 8 & 9, 2026

Fort William Henry Hotel and Conference Center  
48 Canada Street, Lake George, NY 12845  
Email: [ChristineP@fortwilliamhenry.com](mailto:ChristineP@fortwilliamhenry.com)  
Telephone: 800-234-0267  
Group: ESSA Spring Conference

## 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 March 9, 2026.**
- **Reference Group:** ESSA Spring Conference
- Email your completed form to: **ChristineP@fortwilliamhenry.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 4:00 PM | **Check-out:** By 11:00 AM
- Reservations received **without payment or guarantee** will not be accepted.
- Reservations submitted **after March 9, 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: **Fort William Henry Hotel & Conf Center**
- **Checks must be received by March 9, 2026.**

**Cancellation Policy:** Cancellations must be received by **March 31, 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, April 8 - Dinner Buffet
- Thursday, April 9 - Breakfast Buffet

Please check your package selection: Arrival Date: 4/8/26 Departure Date: 4/9/26

	Wednesday Night	Single Occupancy	Select Room Type (Not Guaranteed)
<input type="checkbox"/>	Deluxe Room with tax	\$212.57	<input type="checkbox"/> 1 King
<input type="checkbox"/>	Deluxe Room tax exempt	\$194.40	<input type="checkbox"/> 2 Queens
<input type="checkbox"/>	Grand Room with tax	\$316.91	<input type="checkbox"/> 1 King
<input type="checkbox"/>	Grand Room tax exempt	\$288.40	<input type="checkbox"/> 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.