



ESSA SPRING 2025 CONFERENCE HOTEL OVERNIGHT RESERVATION FORM

APRIL 9 & 10, 2025

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

Reservations are on a first-come, first serve basis. No phone reservations, **this form must be received by March 10, 2025**. Emailing this does not guarantee that you will have a room at the Fort William Henry Hotel and Conference Center. E-mail this form to **ChristineP@fortwilliamhenry.com** at the Fort William Henry Hotel and Conference Center. Your e-mailed confirmation should arrive within 3 business days. Check-in: 4 PM | Check-out: 11 AM

Wednesday Night Package: Accommodations for Wednesday Night; with the following meals and gratuities.

Wed, April 9th Dinner Buffet
 Thurs, April 10th Breakfast Buffet

Please check your Package choice: Arrival Date: 4/9/25 Departure Date: 4/10/25

	Wednesday Night	Single Occupancy	Select Room Type (Not Guaranteed)
<input type="checkbox"/>	Deluxe Room with tax	\$205.91	<input type="checkbox"/> 1 King
<input type="checkbox"/>	Deluxe Room tax exempt	\$188.40	<input type="checkbox"/> 2 Queens
<input type="checkbox"/>	Grand Room with tax	\$305.81	<input type="checkbox"/> 1 King
<input type="checkbox"/>	Grand Room tax exempt	\$278.40	<input type="checkbox"/> 2 Doubles

Name _____

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 "Fort William Henry Hotel and Conference Center". **Checks must be received by March 10, 2025**. Reservation received with no form of guarantee will not be accepted. **Cancellations must be received by March 19, 2025 to avoid a cancellation fee of one nights reservation.**
Reservations will be accepted after March 10, 2025 based on availability.

Payment Type: American Express Discover Visa MasterCard Voucher

Credit Card # _____ Expiration Date: _____ CVC: _____
Name on Card _____

Roommate 1: _____
Roommate 1 Arrival Date: _____ Departure Date: _____

Roommate 2: _____
Roommate 2 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.

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