



**HOTEL RESERVATION FORM**  
**PLEASE E-MAIL OR FAX ROOM FORM TO THE FOLLOWING ADDRESS BELOW**  
**ALL ROOM RESERVATION FORMS MUST BE SUBMITTED NO LATER THAN JUNE 10, 2010**

Name	
Number in your party:	
Address:	
City, State, Zip	
Country	
Telephone:	
Email:	
Arrival Date & Flight Number & Arrival Time	
Departure Date & Flight Number & Departure Time	
Room Rate (Select one) Includes Breakfast Single room – US \$140, Double – US\$155, Deluxe	
Special Requests Based on Availability King size bed, 2 – Double Beds	
Other special requests	
Marriot Reward number	
Credit Card Information: Visa, Mastercard, American Express, Other	
Card Number	
Expiration Date and Security Code	
Name of Card Holder	

<p><b>EMAIL: <a href="mailto:IUGSResidency@aol.com">IUGSResidency@aol.com</a></b>  <b>FAX: 845-765-2729</b>  <b>Problems? Call 914-329-0452</b></p>
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