441 Electronics Parkway
Liverpool, NY 13088
Fax (315) 451-0675 Email jjones@staysyracuse.com
Phone: 315-399-5900

Group Name: WNYOA – Event: January 26	
Group Code: OFF	
Reservations Accepted by Form Only –mail, fax, email.	
Rates Per Room Per Night: Thursday: $79.00	
Plus Sales & Occ Taxes Friday: $79.00	
Saturday: $92.00	
LIMIT 2 Guestrooms Per Name	
Reservation Cut-off Date: 12/25 /2018	
Check In: 3:00 PM Check Out: 12:00 PM	
Above rates are subject to 13% tax.	
The Holiday Inn Syracuse/Liverpool is 100% smoke-free. Rollaway beds are an additional $10.00 each per night, and we have a limited supply.	**DIRECTIONS:** **From North and South:** Interstate 81 to Exit 25 (7th North Street). Take a right off the exit onto 7th North Street. Follow road one mile to the end. **From East and West:** NYS Thruway (I-90) to Exit 37 (Electronics Parkway). The hotel is located directly across the street from the toll booth.
To Guarantee reservations for arrival after 6PM, the hotel requires a valid credit card and signature or one nights' room and tax deposit. If you do not Cancel your reservation within 24 hours prior to your arrival date, your credit card will be charged room and tax for one night. We are pleased to honor the following Credit Cards: American Express, Carte Blanche, Diners Club, Discover, MasterCard and Visa Kids DO NOT eat free with a group rate. Rollaway beds are an additional $10.00 each per night. The Holiday Inn Syracuse/Liverpool does not provide Tax Exempt forms. Tax Exempt forms must be submitted upon check-in or mailed with this form. Please mail or fax this form to the above address or fax number. If you have questions, please call either of the above phone numbers.	**RESERVATION FORM: (Limit 2 Rooms per Name)** **NAME:**_____ **ROOMMATE:** _____ **ARRIVAL DATE:** _____ **DEPARTURE DATE:** _____ **KING BED or DOUBLE/DOUBLE BEDS?:**_____ **NUMBER OF GUESTROOMS: 1 or 2 (Please circle)** **ADDRESS:** _____ **CITY:** _____ **STATE:**_____ **ZIP:** _____ **DAYTIME PHONE:** _____ **CREDIT CARD NUMBER** _____ **EXPIRATION DATE:** _____ **SIGNATURE:** _____ **E-MAIL:**_____

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