



UPPER NEW YORK ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH

May 30 - June 2, 2018 at the SRC Arena at Onondaga Community College

OFFICIAL CONFERENCE HOUSING FORM

Please make every effort to submit your request for a room online.

To make your room reservation online now, [CLICK HERE](#)

Cut-off date for housing is 11:00pm April 29th, 2018

**If you have any questions on
housing, please call
Christie Bravos at 315-470-1842
M-F - 8:30am-5:00pm**

Please note that staff ***will not*** be matching attendees for housing purposes. All attendees who wish to share a room are responsible for finding roommates on their own. Once you have identified your roommate(s), please coordinate independently and submit a reservation online.

Youth Equalization & Youth Lay Members*

***(Those *not* lodging with parent(s) or other adult)**

- **DO NOT MAKE YOUR RESERVATIONS ONLINE**
- **DO NOT COMPLETE A HOUSING FORM**

Please contact: Judy Hipes

927 Gwinn Street Medina, NY 14103

tandj3905@hotmail.com

If you do not have internet and need to use the housing form on the next page, please fill it out *entirely* and mail to: Visit Syracuse – Attn: Housing Dept. – 115 West Fayette Street – Syracuse, NY – 13202

Instructions for filling out the housing form:

- Please fill out ***one form*** for ***EACH ROOM*** needed.
- **All fields must be completed to process your request.** All correspondence regarding your reservation will be sent by email.
- You will receive two emails regarding your reservation; an acknowledgment when your request is received, and a confirmation when your reservation request is accepted by the hotel.

IMPORTANT PAYMENT INFORMATION:

- **A credit card that is valid through your dates of stay is required to make a reservation;** Even if you may be entitled to reimbursement of expenses subsequent to the event. Use of a debit card may result in funds being placed on hold by your hotel before your stay.
- **Do not submit money, checks or tax exempt forms with this housing form.** Any such materials submitted with this form **will be considered invalid, voided** and **will not be forwarded** to the hotel.
- **Tax Exempt** – Hotel guests are responsible for furnishing a completed **New York State Tax Exempt Certificate** to their assigned hotel ***prior*** to their arrival. The name on the payment credit card and the company on the completed tax exempt form **MUST** match. The use of personal cards with a church organization named on the tax exempt certificate will not be accepted.
- **Equalization, clergy retiree, and clergy on medical leave individuals only:** Please see the Registration Guidelines at the UNYAC web site for information regarding housing reimbursement, if needed, after the annual conference session.

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OFFICIAL CONFERENCE HOUSING FORM
ANNUAL CONFERENCE - May 30 - June 2, 2018 - Syracuse, New York

RESERVATION INFORMATION: Please print clearly. This information is required in order to process your reservation

First Name: _____ Middle Initial: _____ Last Name: _____

Address1: _____

Address2: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

**Email: _____ Best Contact Phone: _____

****Please note that all correspondence regarding your reservation will be sent by email**

CHURCH LEADERSHIP ROLE: Must Chose ONE-This information is required in order to process your reservation

- | | |
|---|--|
| <input type="checkbox"/> Active Clergy Member | <input type="checkbox"/> Equalization Member-Conference Position |
| <input type="checkbox"/> Clergy-Retired/Medical Leave | <input type="checkbox"/> Equalization Member-District Superintendent Selection |
| <input type="checkbox"/> Clergy-Spouse (Multi Day) | <input type="checkbox"/> Visitor (Multi Day) |
| <input type="checkbox"/> Lay Member-Annual Conference | <input type="checkbox"/> Visitor (1Day) |
| <input type="checkbox"/> Cabinet/Staff/Sessions Team | <input type="checkbox"/> Youth-Equalization Member |
| | <input type="checkbox"/> Youth-Guest |

ROOMMATE(S): Are You Sharing Your Room With Other Occupants? Yes No

If yes, list here. Include first and last name. Individuals listed here should not submit their own Housing Forms:

1. _____
2. _____
3. _____

ROOMING REQUEST INFORMATION

** Hotel requests are based on availability, on a first come first serve basis. Every effort will be made to accommodate your preferences. In the event that your 1st choice is not available you will be assigned your 2nd choice, and so on. Please be sure to indicate your order of preference below.*

HOTEL:	Rate:	Order of Preference – please number 1-5
1. Genesee Grande, Downtown	\$109 per night (Free Shuttle to SRC Arena)	_____
2. Crowne Plaza, Downtown	\$107 per night (Free Shuttle to SRC Arena)	_____
3. Maplewood Inn, Buckley Rd.	\$92 per night (<u>No</u> Shuttle to SRC Arena; Breakfast Included)	_____
4. Comfort Inn, Buckley Rd.	\$87 per night (<u>No</u> Shuttle to SRC Arena; Breakfast Included)	_____
5. Holiday Inn Express, Dewitt	\$89 per night (<u>No</u> Shuttle to SRC Arena; Breakfast Included)	_____

Check In Date: DAY of the week _____ Date _____

Check Out Date: DAY of the week _____ Date _____

Bed Type Requested: One Bed
 Two Beds

Special Requests*:** _____
*****Please note that special requests such as refrigerators or cots may incur additional charges.**

PAYMENT INFORMATION - ALL information is required in order to process your reservation

VISA MASTER CARD AMEX DISCOVER

Credit Card Number: _____ - _____ - _____ *Expiration Date: _____

*Card must be valid through the dates of stay

Print Cardholder's Name: _____

Cardholder's Signature: _____