

## Hotel Registration Form

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ District #: \_\_\_\_\_

Email: \_\_\_\_\_

**Hotel accommodations: \$170 per night**

**(plus fees and surcharges. Each guest is responsible for presenting a card the day of registration at the hotel to cover these additional charges)**

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Are you sharing a room?  Yes  No

If yes, please list names \_\_\_\_\_

Who is paying for room?  Me  Someone else \_\_\_\_\_

# Of nights \_\_\_\_\_ X \$170 = \_\_\_\_\_ Total Due for Hotel

**Hotel reservations and payment must be received by April 8, 2024. No refunds after April 8, 2024.**

**Please send this completed form plus your payment to:**

FGCNYS Executive Office  
292 Washington Ave Ext, Ste 104  
Albany, NY 12203-6385

**Or**

**Use Zeffy to make a credit card or ACH payment.**

Scan the QR Code below OR use the link provided below

<https://www.zeffy.com/en-US/ticketing/376f56a9-9986-402e-98a4-dc9398373b4a>

On the "Order summary," the optional contribution can be avoided by scrolling down to "Other" and selecting "0."

