



*Women's Conference
Hotel Package & Reservation Information*

2 NIGHT PACKAGE- FRIDAY 4/5/19 - SUNDAY 4/7/19

PACKAGE DESCRIPTION:

Two nights' lodging at the Westchester Marriot
Friday - Coffee Break & Dinner
Saturday - Breakfast, Coffee Break & Lunch
Sunday - Breakfast

Per Person Pricing	Single Occupancy	Double Occupancy
Standard Room	\$579.17	\$409.11 / per person

3 NIGHT PACKAGE- THURSDAY 4/4/19 - SUNDAY 4/7/19

PACKAGE DESCRIPTION:

Three nights' lodging at the Westchester Marriot
Friday - Coffee Break & Dinner
Saturday – Breakfast, Coffee Break & Lunch
Sunday - Breakfast

Per Person Pricing	Single Occupancy	Double Occupancy
Standard Room	\$749.23	\$494.14 / per person

**Above rates include the correct tax calculations for standard size room and meals.*

HOTEL PAYMENT BY CREDIT CARD

Complete the Credit Card Authorization and Reservation form(s) and send to the hotel directly, either by fax, (914-631-2832) Attn: Jessie Segura/Senior Event Manager, or **via certified mail by March 1, 2019** to:

Westchester Marriot Hotel
c/o Jessie Segura/Senior Event Manager
670 White Plains Rd
Tarrytown, NY 10591

Full payment will be charged when reservation is confirmed by the hotel.

PAYMENT FOR RESERVATION(S) BY CHECK – The hotel does not take checks!

1. You must Contact Michelle Jackson at Empire Travel via email (michelle@empiremeetings.com) by **March 1, 2019** to secure reservation(s).
2. After securing reservation(s) with Michelle, send reservation form(s) and check for full payment, made payable to CSEA, **via certified mail by March 22, 2019** (must be received by this date or reservation(s) will be cancelled) to:

Civil Service Employees Association, Inc.
143 Washington Ave.
Albany, NY 12210
Attn: Peter Diana, Director of Internal Operations

PLEASE NOTE: All name changes or cancellations must be requested by the guest that booked the original reservation, via fax or certified mail by 3/29/19. Reservations may not be assigned or transferred in any manner to any third party.



Westchester Marriott Hotel
670 White Plains Road, Tarrytown, New York 10591 USA

CSEA Women’s Weekend Conference – April 5-7, 2019

First and Last Name: _____

Address: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Arrival Date: _____ Departure Date: _____

If Sharing a Room: 2nd Occupant First and Last Name: _____

Full Pre-Payment for room(s) via Credit card only – See attached Credit Card Authorization Form

**** Credit Card is charged in full once reservation is booked****

Two Day Complete Meeting Package. Two night minimum stay required.

Full advance deposit due with reservation request form

Single Occupancy (2 night stay total-Inclusive of all State and Local Taxes) \$579.17 _____

Double Occupancy, 2 double beds (2 night Stay total--Inclusive of all State and Local Taxes) \$818.22 _____

Three Day Complete Meeting Package. Three night minimum stay required.

Full advance deposit due with reservation request form

Single Occupancy (2 night stay total-Inclusive of all State and Local Taxes) \$749.23 _____

Double Occupancy, 2 double beds (2 night Stay total--Inclusive of all State and Local Taxes) \$988.28 _____

**Please note, hotel has a very limited number of rooms with 2 double beds available as well as a limited number of king beds with sofa beds included. Hotel will contact you via email if we are unable to accommodate your request for 2 beds. Roll away beds are not available for standard double beds rooms.

Reservation requests arriving at the hotel after the cut-off date of **3/1/19** will be subject to availability and potential rate increases.

Name Changes, Cancellations must be requested by the guest that booked the original reservation via fax or certified mail by no later **than 3/29/19. Reservations may not be assigned or transferred in any manner to any third party. **Please FAX reservations request form to 914-631-2832 Attention Jessie Segura/ Senior Event Manager or send via Certified Mail the reservation request form and full credit card authorization form payment to the following address:**

Westchester Marriott Hotel
c/o Jessie Segura/Senior Event Manager
670 White Plains Rd.
Tarrytown, NY 10591



Credit Card Authorization Form

Dear CSEA Guest,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission.

Please fax back or mail in to: 914-631-2832 Attention Jessie Segura/ Senior Event Manager

Cardholder Information

Name as it appears on the credit card:

Card type: [] Visa [] MC [] Amex [] Diners/CB [] Discover [] JCB

Account type: [] Individual (personal credit card) [] Corporate | Company Name:

Account number: Exp. date:

Address: (where statement is mailed)

City, State and Zip:

Phone number: Fax or alternate number:

Guest Information

Guest name:

Company:

Phone number: Fax or alternate number:

Arrival date: Departure date:

Rate Information and Approved Charges

*(Rate and tax amount must be provided by a hotel representative in order to complete this form) All package prices are inclusive of the state and local taxes.

- [] Two Day CMP Single \$579.17 [] Two Day CMP Double \$818.22 [] Three Day CMP Single \$749.23 [] Three Day CMP Double \$988.28

I certify that all information is complete and accurate. I hereby authorize Westchester Marriott to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed)

Cardholder signature: Date: