



REGIONS 5 & 6
2010 SPRING LEADERSHIP TRAINING CONFERENCE
APRIL 23 - 25 HOUSING FORM



Ramada Hotel & Conference Center (formally Binghamton Regency)
225 Water Street/1 Sabro Square, Binghamton, New York 13901

Each Participant Must Complete A Housing Form
Please PRINT

Name _____ Male _____ Female _____
Last First

Home Address _____
Street City State Zip

Home Phone (____) _____ Work Phone (____) _____ Email _____

Division _____ Agency _____ Smoke? Yes _____ No _____

If you need special accommodations due to a disability, please check the box below and attach an explanation.

- Handicap Hearing Impairment Visual Impairment Other _____

Accommodations (please check and fill out required information)

There will be no reimbursement for overnight accommodations that you make on your own.

PEF will pay for participants accommodations based on double occupancy. If you plan on having incidental charges, you must produce a credit card or cash deposit upon check-in.

1. _____ Participant double rooms (double occupancy). Roommate information below **MUST** be completed or alternate box checked. If one or the other is not filled in, your form will be returned to you. Deposits are not needed for two participants occupying one room.

ROOMMATE INFORMATION

Name of Roommate _____
Last First

Home Address _____
Street City State Zip

Home Phone (____) _____ Work Phone (____) _____ Region _____

- YES, I have confirmed this with roommate. - **OR** -
- NO, I have not confirmed. If you check this BOX you may be matched with someone else because your choice has already been matched. - **OR** -
- I do not have a roommate choice. Match me up with another participant.

2. _____ Single room - \$100 (includes meals) for two nights. Personal checks **MUST** be included with this form.

3. _____ Guest - \$150 (includes meals) for two nights. Personal check **MUST** be included with this form.

Name of Guest(s) _____

Cancellations must be received by 5 p.m. on April 19, 2010 or your deposit for a single room will be forfeited, as well as your division's payment, even if you are in a double.

RETURN FORM TO:

PEF - Region 5 Office
 305 Vestal Parkway West
 Vestal, NY 13850
 Phone: (607) 785-1699 or (800) 724-4998
 Fax: (607) 786-5749 (**Only Fax Form if No Payment is Required)

BY April 15, 2010