

HOTEL RESERVATIONS

Room Rates from June 30th – July 13th, 2009

Check-in: 4:00pm Check-out: 11:00am

Rooms are available on a first come first serve basis.

Accessible room: Preferred _____ No Preference _____ **Please (X) one**

Explain Mobility restriction: _____

Due to limited number of accessible rooms we need to prioritize there assignments.

Special Needs (if any) please explain: _____

DUE TO AN OVERWHELMING RESPONSE TO OUR ON-LINE REGISTRATION AT www.lpaonline.org

THE MARRIOTT AT THE BROOKLYN-BRIDGE IS **SOLD OUT!**

BELOW IS A CHOICE OF TWO OVERFLOW HOTELS.

ALL HOTEL RESERVATIONS ARE MADE THROUGH THE NYC 2009 CONFERENCE COMMITTEE

Please read the comments below and choose your hotel

<p>Nu Hotel 85 Smith Street Brooklyn, NY www.nuhotelbrooklyn.com Rooms only accommodate 2 guests per room. NOT recommended for families.</p> <p>Approximately .36 miles from the Marriott at the Brooklyn-Bridge. LPA Rates of \$169.00 per night plus taxes Bed Preference King _____ Queen _____</p>	<p>New York Marriott Downtown 85 West Street New York, New York www.marriott.com/hotels/travel/nycws-new-york-marriott-downtown Rooms available for singles, couples and families. Located <u>Downtown</u> Manhattan Approximately 2.8 miles from the Marriott at the Brooklyn-Bridge. LPA Rates of \$179.00 per night plus taxes Shuttle Service will be provided Bed Preference 1 King _____ 2 Double beds _____</p>
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Number of guests staying in room Adults _____ Children _____

Check in date (mm/dd/yy) _____ Check out date mm/dd/yy) _____

Information for the Hotel

Hotel Choice _____ Today's Date _____

Name on Credit Card _____ Phone Number _____

Billing Address _____ City _____ St _____ Zip _____

Cell Phone Number _____ Email _____

VISA _____ Master Card _____ American Express _____ Discover _____

Card Number: _____ Exp. Date: _____ Security Code _____

LPA NYC 2009 Committee will not guarantee special amenities.

Please see Hotel web-site disclaimer for cancellation details. US Banks & Funds only

Marriott Rewards Number (if applies) _____

LPA Receipt Number for Registration (you **MUST** register for the Conference)

Head of Household Membership Name you used to registered for the conference with LPA.

Mail, E-Mail or Fax: Completed form to:

LPA NYC 2009

Michael Petruzzelli

23 Pineridge Street

PLEASE KEEP A COPY FOR YOUR RECORDS

Melville, NY 11747

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2009 LPA National Conference Brooklyn, NY

<http://www.lpanyc2009.org/>

