



FIRE 2020

FIRE INDUSTRY, RESCUE, & EMS EXPO



NYS AFC 114TH ANNUAL CONFERENCE

HOTEL RESERVATION FORM

Conference: June 10-13, 2020
 Expo: June 11-13, 2020
 The Oncenter • Syracuse, NY

*Participating Hotels and Rates
 Rates are per night, single occupancy.
 Each additional person may increase rates.
 Minimum three night stay.*

Crowne Plaza Hotel - Free Garage Parking
 701 East Genesee St, Syracuse, NY 13210
 King-\$189
 Double-\$189

Parkview Hotel - Breakfast Included!
 Free Open Lot Parking
 713 E Genesee St, Syracuse, NY 13210
 King-\$146
 Double-\$146

Genesee Grande Hotel -Free Open Lot Parking
 1060 E Genesee St, Syracuse, NY 13210
 Queen-\$156
 Double-\$156
 King Suite-\$156

Sheraton University Hotel - \$15/day Garage
 801 University Ave, Syracuse, NY 13210
 King-\$174
 Double-\$174

Jefferson Clinton Hotel - Breakfast Included!
 Open Lot Parking - \$10/Day
 416 S Clinton St, Syracuse, NY 13202
 Corner King Suite-\$145
 Studio Queen-\$145
 Studio Double-\$145

Residence Inn Armory Square - Breakfast Included! Garage Parking - \$10/Day
 300 W Fayette St, Syracuse, NY 13202

(Residence Inn Armory Square, cont.)
 Studio Suite-\$196

Courtyard Armory Square
 \$10/ day Garage Parking
 300 W Fayette St, Syracuse, NY 13202
 King-\$196
 Two Queens-\$196

Aloft Inner Harbor
 Free Open Lot Parking
 310 W Kirkpatrick St, Syracuse, NY 13204
 King-\$174
 Double-\$174

Embassy Suites Destiny USA - Breakfast Included! Free Open Lot Parking
 311 Hiawatha Blvd W, Syracuse, NY 13204
 King Studio-\$175
 One Bedroom King-\$185
 One Bedroom 2 Queen-\$195

IMPORTANT INFORMATION

- You must be a pre-registered attendee for a minimum of three days** (as a Conference Full Term registrant, Hands-On Training registrant, exhibitor representative, or One Day Ticket registrant). You must submit the appropriate registration form with this Hotel Reservation Form. Registration status will be confirmed before hotel reservations are processed.
- All fields must be completed to process your request.** Provide the same name, fire department/company, and phone number on both forms. One set of forms must be provided for each room reserved. Reservations will be processed on a first come, first served basis.
- A credit card that is valid** through your dates of stay is required to make a reservation; Use of a debit card may result in funds being placed on hold by your hotel before your stay.
- The cutoff date for housing is Friday May 11th, 2020.** Your housing form MUST be received in the NYS AFC office on or before that date in order to make a reservation at the conference rate. Any forms received after this date are null and void and will not be processed. After the cutoff date you are subject to hotel availability and rates at their discretion directly.
- Communication:** You will receive two emails regarding your reservation; an acknowledgement email when your request has been processed, and a confirmation email when your request has been accepted and processed by the hotel.
- Changes and Cancellations:** Before May 11th, 2020 you must use the REQUEST FOR CHANGE button in your email communication to make changes and to cancel your reservation. After May 11th, 2020 you must contact your hotel directly to make any changes and cancellations. Failure to follow this process may result in your card being charged by the hotel for no shows.
- 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 different organization named on the tax exempt certificate may not be accepted by your hotel.
- Questions Regarding Housing:** Please contact the Visit Syracuse Housing Department at 315-470-1910.

RESERVATION INFORMATION - Please PRINT clearly.
 All information is required in order to process your reservation.

Name: _____

Address: _____

City State Zip

Department/Company: _____

Best Phone: _____ E-Mail: _____

List Hotels in order of preference. Must list three different choices:

Choice 1: _____

Choice 2: _____

Choice 3: _____

Room Type _____ Total number of guests _____

Guest names (up to 3, list full name): _____

Special Requests _____
 Some requests may incur additional charges and are not guaranteed.

Check-In Date ____ / ____ / ____ Check-Out Date ____ / ____ / ____
 Minimum 3 night stay

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date ____ / ____

SUBMIT HOTEL RESERVATION FORM TO NYS AFC
 New York State Association of Fire Chiefs
 1670 Columbia Tpk. • P.O. Box 328 • East Schodack, NY 12063
 Fax: (518) 477-4430 • Email: conference@nysfirechiefs.com
 Phone: (800) 676-3473 or (518) 477-2631