Credit Card Authorization Form for the **Healthy Families Training Institute September 18-20, 2017**

This form needs to be completed by each individual who requests overnight accommodations for the Healthy Families Training Institute. Please ensure you select the appropriate items to charge to your individual credit card based on the accommodations you requested. Nothing will be charged to your card until you check-out of the hotel at the conclusion of the Training Institute.

Please complete this form no later than **September 1, 2017** and fax directly to **The Desmond Hotel and Conference Center at 518-640-6069.** Please confirm receipt by the hotel by calling the reservationist at 518-640-6120.

I hereby authorize The Desmond Hotel & Conference Center, located at 660 Albany-Shaker Road Albany NY 12211, to charge this card for the following: *(place a check mark next to which room you requested)*

_____ **Single Room:** The single co-pay rate of $58.00 per night (I understand this amount will be adjusted if the government per diem changes); tax and any incidental charges.

_____ **Double Room:** Incidental charges ONLY.

****Please Note - Upon check in you will be asked to present identification, as well as a tax exempt form (NYS ST-129) if your organization is tax exempt.**

_____

Attendee Name: _____

Cardholder Name (please print) _____

Company or Account Name: _____

Billing Address for Credit Card: _____

City, State, and Zip Code: _____

Signature of Cardholder _____Date _____

Card Number: _____

Card Expiration: _____/_____ Card Security Code (located on back): _____

Internal Use Only_____

Group RES ID # _____ Event Date_____

Billing Notes:

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