



FINN FUN WEEKEND
HOTEL RESERVATIONS & INFORMATION
 Friday, October 2 – Sunday, October 4, 2009
 The Clarion University Hotel – Ithaca, NY

This customized package includes:
(2) nights accommodations, (2) group dinners and (2) group breakfast buffets, all taxes and gratuities.

All package reservations must be for (2) nights.
RATES: \$320 Single Occupancy / \$400 Double Occupancy (\$200/person)/
\$525 Triple Occupancy (\$175/person)/ \$660 Quadruple Occupancy (\$165/person).
Rates listed are for a (2) night package (Friday & Saturday).

RESERVATION INFORMATION (Please type or print legibly) Name(s): Mr./Ms/Dr. _____ Roommate: _____ Roommate: _____ Address: _____ City: _____ St _____ Zip _____ Email: _____	Arrival Date _____ Departure Date _____ # of Adults _____ # of Children _____ Telephone: (____) - _____ - _____ Ext _____ Fax: (____) - _____ - _____ Extend your stay with us on Thursday or Sunday. Additional nights not included in package are offered at: Single \$121, Double \$130, Triple \$140, Quad \$150 per room per night and includes breakfast.
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CUTOFF DATE:
 Please reserve your room before **August 21, 2009;**
By mailing, emailing or faxing this completed form to the
 address listed at the bottom of this page. Reservations will not
 be accepted over the telephone. Reservations received after the
 cutoff date will be subject to general availability.
Check-in time: 3:00pm Check out time: 12pm

Room Options:
 Two Double Beds
 One King Bed
Limited space - Request only
Special Requests:
 Smoking /
 Non-Smoking
 Roll-away Bed
 (\$15 per day)
 Crib (free of charge)

Package: (Circle one)
 Single Double Triple Quad
 \$320 \$400 \$525 \$660 \$ _____
 Extra Nights _____ Thur _____ Sun
 Single Double Triple Quad
 \$121 \$130 \$140 \$150 \$ _____
 Kids Food Package \$50 ea. \$ _____
 Rollaways
 _____ x \$15= \$ _____
 # nights
Total \$ _____

DEPOSIT POLICY:
 All reservations must be secured with full payment by **August 21, 2009.**
 Please send a check, money order or indicate your credit card,
 date of expiration and amount to be charged below. Your credit
 card will be charged upon receipt of this information.

COMMUTER OPTIONS:

	Cost	#Per	Total
	(Per Person)		
Friday Banquet only (10/2)	\$35	x _____	= _____
Saturday Banquet only (10/3)	\$35	x _____	= _____
Child Dinner (under 12)	\$20	x _____	= _____
Total Commuter Price			\$ _____

Guarantee Information:
 Credit Card Type: (circle one)
 MC Visa Amex Discover
 CC# _____ Exp ____/____
 3 Digit Code _____
 Name exactly as it appears on the credit card:

FRIDAY NIGHT BANQUET MEAL CHOICES (List # of each)
 PORK CHICKEN FISH VEGETARIAN
SATURDAY NIGHT BANQUET MEAL CHOICES (List # of each)
 BEEF CHICKEN SALMON VEGETARIAN
We will do our best to accommodate any SPECIAL REQUESTS

Signature: _____
 Cancellation Policy:
 Should you cancel more than 14 days prior to your arrival date
 your deposit will be refunded less a \$25.00 processing fee.
 Should you cancel within 14 days of your arrival or shorten your
 stay, it will result in full forfeiture of your deposit.

To Reserve your accommodations please return this form with your guarantee information to:
 The Clarion University Hotel, One Sheraton Drive, Ithaca, NY 14850
 Attn: Deanna Lockwood Phone: (607)-257-2000 Fax: (607) 257-7924 Email: dlockwood@inntelmgmt.com