

**NYSADA 86TH
ANNUAL CONVENTION
REGISTRATION FORM**

**DISNEY'S GRAND FLORIDIAN RESORT & SPA
NOVEMBER 18 - 22, 2009**



Please print or type name(s) as you would like it to appear on your badge:

Name: _____ Guest: _____

Child Name/Age: _____ Child Name/Age: _____

Child Name/Age: _____ Child Name/Age: _____

Dealership/Company Name: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Arrival Date: _____ Departure Date: _____

(Your trip may be extended 3 days pre or post Convention at NYSADA rate. If extending your stay, NYSADA will contact you regarding additional charge.)

Room Requests: Double (2 beds): King Bed:

This is a smoke-free resort. Smoking is permitted only in the designated outdoor smoking locations.

Please list any special needs: _____

PACKAGE / PAYMENT INFORMATION

Convention All Inclusive Packages

		Amount Due
Single Guest Room Package:	\$1,560 _____	\$ _____
Double Guest Room Package:	\$1,998 _____	\$ _____

Suites are available upon request. Please contact Jennifer at 518-463-1148 ext. 326 or email jennifer@nysada.com for more information.

Additional Persons Packages

Child age 0 - 11 years	\$175.00 x _____	= \$ _____
Child age 12 - 17	\$235.00 x _____	= \$ _____
Guest 18 years of age and over	\$595.00 x _____	= \$ _____
Total		\$ _____

ALL PACKAGES INCLUDE

THE FOLLOWING:

- Business Sessions/High Profile Industry Speakers
- Transportation to/from Orlando International Airport
- Private Welcome Reception and Dinner in Disney's Animal Kingdom®
- Golf and Tennis Tournaments
 - Spouse/Guest Luncheon
- Friday Night Reception and Banquet
 - Friday Night Kids Program
 - Accommodations in Disney's Most Luxurious Resort
 - Fees for Bellman

PAYMENT SCHEDULE

You have the option of remitting your payment in full or in 3 equal installments through October 2, 2009.

Your Choice

Full Amount \$ _____

Charge to the credit card listed below.

Full Amount ÷ 3 easy payments \$ _____

Check enclosed.

Fax Back your reservation with MasterCard, Visa or American Express number to **(518) 463-7998**.

Card # _____ Exp. Date: _____

Card holder signature: _____

CANCELLATION POLICY

To avoid a cancellation charge of \$300.00 per room, all cancellations must be received by NYSADA in writing by October 21, 2009. Cancellations after October 21, 2009 are subject to NO REFUNDS. In the event of early check-out, hotel nights are not refundable and will include a \$300.00 per room cancellation fee.