



WOODCLIFF

HOTEL & SPA

199 Woodcliff Drive, Fairport NY 14450. PHONE: 585-381-4000

www.woodcliffhotelspa.com

RESERVATION FORM

American Association of University Women of New York 4/20/2012 – 4/22/2012

Guest Name: _____

Share With: _____

Mailing Address: _____

Phone Number: _____ - _____

Email: _____

Available Rates: (please signify by circling one of the following)

If you pick Double Rate – please list the roommate desired on the "Share With" line above

Total Package: \$540.00/Single \$380.00/Double

These packages include:

Friday Dinner

Saturday Breakfast/Lunch/Dinner

Sunday Breakfast/Lunch

Service Charges and Taxes

Tax Exemption requires an Exempt form and University Payment which must MATCH the exempt form

Arrival Date: _____

Departure Date: _____

Credit Card: American Express/MasterCard/Visa/Discover

Number: _____ Expiration: _____

Name on Card (please print clearly): _____

All Reservations must be secured with a non-refundable deposit of \$100.00.

Signature: _____

(As shown on the credit card)

Return form no later than March 15th, 2012 to:

plane@woodcliffhotelspa.com or fax to 585-381-2673

Upgraded rooms are available at the package rate plus \$90.00 per room per night for a One-level Jacuzzi Suite or Bi-Level Penthouse Suite. Based on Availability. (circle one)

NO REFUNDS ON PARTIAL PACKAGES/UNUSED MEALS / EARLY CHECK OUT

You will be responsible for all original room nights booked from your intended stay.
Cancellation within seven (7) days of arrival will be charged for the full package price
Cancel by 3:00pm on April 12th, 2012 without penalty

Any forms not filled out accurately will not be guaranteed a room.

Room confirmations will be sent via email for your record

Phone: 585-381-4000 Fax: 585-381-2673

Check-in Time: 3 pm; Check-out Time: 12 pm