

2348 Saranac Avenue, Lake Placid, NY 12946. PHONE: 518-523-4411 Fax: (518)523-9908

www.highpeaksresort.com/ RESERVATION FORM

American Association of University Women of New York April 26-28, 2013

Guest Name:				
Share With:				
Mailing Address: _				
Phone Number: _	- -			
Email: _				
Available Rates: (please	e signify by circling one of	f the following)		
If you pick <u>Double or Tr</u>	<u>riple</u> Rate – please list the	e roommate desired on th	ne "Share With" line above	
Total Package:	\$504.65/Sinale	\$ 350.69 /Double	\$ 314.14 /Triple	
These packages include	•	,	,	
Friday Dinner				
Saturday Breakfast/Lur				
Sunday Breakfast/Lunc				
Service Charges and Ta Tax Exemption requires		janization Payment which	h must MATCH the exempt form	
Arrival Date:	Departure	e Date:		
Credit Card: American	Express/MasterCard/Visa	a/Discover	Check-in Time: 4:00 PM	
Number:	Expiration	n:	Check-out Time: 11:00 AM	
Name on Card (please p	orint clearly):			
Reservations must be s	ecured with a deposit of S	\$250.		
Signatura.				
Signature:	(As shown on the cr	edit card)		
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Return form to High Peaks Resort no later than April 5th, 2013. Extended stay room only rate \$139

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 3:00 pm on April 15th, 2013 without penalty.

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

Room confirmations will be sent via email for your records.