



NYS Association of Personnel & Civil Service Officers

October 17-20, 2021

ONE FORM PER PERSON

To make your conference reservation please send the completed form via one of the options below:

Option 1- Email

Send completed form, and tax exempt certificate, if applicable, to:

lthompson@harthotels.com

In the subject line please notate:
NYSAP&CSO Conference Registration

OR

Option 2- Mail

Send completed form, and tax exempt certificate, if applicable, to:

1000 Islands Harbor Hotel

ATTN: Lynn Thompson

200 Riverside Drive

Clayton, NY 13624

****FORMS MUST BE RECEIVED NO LATER THAN FRIDAY, SEPTEMBER 17, 2021****

THREE NIGHT PACKAGE

Sunday 10/17/21 – Wednesday 10/20/21

Includes: Overnight accommodations for 3 nights, 3 Breakfasts, 2 Lunches, 2 Morning Breaks, 2 Afternoon Breaks, 1 Reception, and 2 Dinners.

Package does *not* include tax and includes service charge.

\$784.00 per person
Single Occupancy

\$501.00 per person
Double Occupancy

TWO NIGHT PACKAGE

(Sun-Tues *or* Mon-Wed)

Includes: Overnight accommodations for 2 nights, 2 Breakfasts, 2 Lunches, 2 Morning Breaks, 2 Afternoon Breaks, 1 Reception, and 1 Dinner.

Package does *not* include tax and includes service charge.

\$544.00 per person
Single Occupancy

\$354.00 per person
Double Occupancy

ONE NIGHT PACKAGE

Monday 10/18/21 – Tuesday 10/19/21 **OR**

Tuesday 10/19/21- Wednesday 10/20/21

Includes: Overnight accommodations for 1 night, 1 Breakfast, 2 Lunches, 2 Morning Breaks, 2 Afternoon Breaks, 1 Reception, and 1 Dinner.

Package does *not* include tax and includes service charge.

\$265.00 per person
Single Occupancy

\$169.00 per person
Double Occupancy

TUESDAY NIGHT PLATED DINNER OPTION- PLEASE CHOOSE ONE ENTRÉE

Prime Rib

Stuffed Filet of Sole

Chicken Wellington

Vegetarian

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Email _____

Tax Exempt? Yes No *If yes, please send your tax exempt certificate with your completed form.*

Arrival Date _____ Departure Date _____

Credit Card # _____ Exp. Date _____

Roommate Name (If applicable): _____

By signing below, you are authorizing the 1000 Islands Harbor Hotel to charge a deposit of \$189.00 to your credit card. A reservation confirmation will be emailed to you.

Signature _____ Todays Date _____

****Cancellations must be done no later than Saturday, October 9, 2021 or the deposit will be forfeited and you will be charged the full amount of the package.****

HOTEL CHECK-IN TIME: 4:00 PM

HOTEL CHECK-OUT TIME: 11:00 AM