Hilton
ALBANY

OFFICIAL HOUSING FORM

NYS ELKS FALL CONFERENCE
September 24, 2026 – September 27, 2026

RESERVATIONS ARE ACCEPTED ONLY WITH THIS FORM VIA MAIL, FAX OR E-MAIL TO
albhh_res@hilton.com
(TELEPHONE CALLS WILL NOT BE ACCEPTED TO RESERVE ROOMS FOR THIS EVENT)

Please complete this reservation form and return it to the hotel either by mail, fax or e-mail. Confirmations will be e-mailed to individuals offering a valid e-mail address. A limited number of rooms have been protected for this event. Individual reservations must be received prior to the date specified below to receive a guest room in the protected block and obtain the group rate.

Check In Begins: 4:00 PM
Check Out By: 11:00 AM

Forms Must be Submitted By: September 8th, 2026

PLEASE SELECT THE APPROPRIATE CHOICE PACKAGE AND ACCOMMODATIONS

3 NIGHT PACKAGE

- ☐ **Single: $ 759.78**
- ☐ **Double: $ 458.79 per person**
- ☐ **Triple: $ 358.46 per person**
- ☐ **Quad: $308.29 per person**

☐ **ADDITIONAL DAYS:** $159.00 Single/Double Occupancy
$15.00 Each Additional Person Plus Tax

PACKAGE DETAILS

- THREE NIGHT MINIMUM STAY 9/24/2026 - 9/27/2026
- SATURDAY EVENING BANQUET
- OVERNIGHT GUEST PARKING
- SERVICE CHARGES & TAXES INCLUDED

EACH ROOM RESERVATION REQUIRES A SEPARATE RESERVATION FORM

Arrival Date: _____ Departure Date: _____

Guest Name: _____ Lodge & District: _____

Shared With Names: _____

Address: _____

Email (Required): _____

Phone: _____ Hilton Honors: _____

Please Check Preferred Accommodation Type

☐	King Size Bed	☐	Accessible Room Walk In Shower
☐	2 Double Beds	☐	Accessible Room Bathtub

The hotel will do its best to accommodate your requests; however, due to limited room types this may not always be possible. We will always select the best room available at the time the reservation is recorded.

All reservations must be a guaranteed for arrival. Major credit card, advance payment or valid purchase orders with a minimum of $500.00 are accepted. Reservations must be cancelled **72** hours in advance of arrival to receive a refund (a valid cancellation number is required for any disputed charge). If paying via purchase order/check the purchase order/check must accompany this form. Rates are subject to applicable NYS Sales & Occupancy Tax (currently 14.5%) unless an individual NYS Tax-Exempt Certificate is received by the hotel with this form. The credit card information below is to guarantee your reservation only; payment must be presented at check-in.

Cardholder Name: (Please Print) _____

Credit Card Number: _____ Expiration Date: _____

Authorized Signature: _____

Make Checks or Money Orders Payable to HOTEL ALBANY DO NOT SEND CURRENCY

PHONE 518-427-3018 • FAX: 518-868-1199 • E-MAIL: ALBHH_RES@HILTON.COM • 40 LODGE STREET ALBANY NY, 12207