

ASSOCIATION OF MUNICIPAL ASSESSORS OF NEW JERSEY 2014 HOTEL ROOM RESERVATION FORM

LEAGUE OF MUNICIPALITIES 99TH ANNUAL CONFERENCE NOVEMBER 18, 2014 through NOVEMBER 20, 2014

ALL RESERVATION FORMS MUST BE RETURNED BY SEPTEMBER 5, 2014

After that Date the League will release our rooms to other organizations

Room Rate: \$139.00 (per night) *includes \$10 Tourism Fee & Harrah's Assessment Fee and unlimited shuttle bus service

**Add State and Luxury Tax: 14% (Exempt only if paying by voucher/purchase order)

PARKING FEES CAN NOT BE PREPAID REGARDLESS OF TYPE OF PAYMENT

MAILING INSTRUCTIONS

FAX OR EMAIL THE RESERVATION FORM ONLY TO: (DO NOT send Purchase Order/Voucher to Terry)

AMANJ Attn: Terry Stagliano

Fax: 856-767-1132

Email: tstagliano@winslowtownship.com

Once you receive a room confirmation via email from the Housing Authority, you can mail your Purchase Order / Voucher directly to Bally's

Bally's Park Place Hotel and Casino Park Place & Boardwalk Atlantic City, NJ 08401

Questions, additional information, please call Terry at 609-567-0700 option #9

HOTEL CONCELLATION POLICY:

Any room cancellations after November 3RD will be required to pay for all cancelled room nights. In cases where the municipality pays for reservations, the municipality will incur this charge for late cancellations.

2014 HOTEL ROOM RESERVATION FORM

PLEASE TYPE OR PRINT LEGIBLY

Name:	Position:	
Municipality Represent	ting:	
Home Address:		
OR		
Office Address:		
Daytime Contact Phone	e Number:Fax	Number:
Email Address (please pr	int legibly so AC Housing can send your confi	rmation):
1350 - 1350 - 1350 - 1350 - 1350 - 1350 - 1350 - 1350 - 1350 - 1350 - 1350 - 1350 - 1350 - 1350 - 1350 -	eferred method of where you want the	confirmation notification sent
Authority. **if you do no the above indicated addre that acts as your reservati regular mail, depending of your assurance of a roo	Mail address and you will receive a thave an email account, the Housing Auss. A.C. Central Reservations, Inc. will it ion confirmation. This number will be son the method that works be for you. Your reservation. NOTE: OPEN YOUR FROM – SERVICE@ACROOMS.CO	othority will mail a confirmation to ssue an acknowledgement number ent to you either by e-mail, fax of Your acknowledgement number is SPAM FILTERS TO ALLOW
(Please note that we	Room Request Information will try to fill all special requests, however Bally's Park Place Hotel and Casin	ver, it is not always possible)
Arrival/Check In Date	Departing/Check Out Da	te
MondayTuesday	WednesdayThursday	Total nights:
□Tower or □Regular Ro	oom #Beds Double/Queen	□ King
Special Requests: Smol	king □ Non-Smoking □ Handicapped	□Other
Form of Payment:		
□Voucher/Purchase Order	# (please indicate PO#)	
□Credit Card type	Number	expire