



**ASSOCIATION OF MUNICIPAL ASSESSORS OF NEW JERSEY
2018 HOTEL ROOM RESERVATION FORM**

**LEAGUE OF MUNICIPALITIES
103rd ANNUAL CONFERENCE
NOVEMBER 13, 2018 through NOVEMBER 15, 2018**

ALL RESERVATION FORMS MUST BE RETURNED BY *AUGUST 31, 2018*

After that Date the League will release our rooms to other organizations and members will be responsible to book rooms directly with the hotel. (room rates at that time may differ)

AMANJ MEMBERS WHO WISH TO BOOK A DIFFERENT HOTEL, OTHER THAN BALLY'S, MUST CONTACT THE LEAGUE, AC HOUSING, OR THE HOTEL DIRECTLY THEMSELVES.

Room Rate: \$137.00 (per night) *

***includes \$5 Occupancy Fee and unlimited shuttle bus service (room rate \$132 + \$5 Occupancy Fee)**

****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

INSTRUCTIONS – PLEASE READ CAREFULLY

**EMAIL THE COMPLETED RESERVATION FORM INCLUDING FILLING IN THE FORM OF PAYMENT & ATTACHING A *COPY* OF THE PURCHASE ORDER, VOUCHER, PERSONAL CHECK OR CREDIT CARD NUMBER WITH EXPIRATION DATE....
TO:**

AMANJ
Attn: Terry Stagliano

Email: tstagliano@winslowtownship.com

PLEASE be sure to PRINT LEGIBLY (if I can't understand your email you will not get a confirmation)

Once you receive the room confirmation from Terry, you must mail your Original Purchase Order / Voucher, Personal Check directly to Bally's

**Bally's Park Place Hotel and Casino
1900 Pacific Avenue
Atlantic City, NJ 08401
Attn.: Calena Hunton/Front Desk**

Payment in full must be received by Bally's PRIOR to *October 5, 2018*. If not paid in full you will NOT have a reservation.

Questions, additional information, please call Terry at 609-567-0700 ext #7501

**2018 HOTEL ROOM RESERVATION FORM
FOR AMANJ MEMBERS FOR BALLY'S**

Contact: Terry Stagliano
Organization: AMANJ
Phone: 609-567-0700 ext 7501
Email: tstagliano@winslowtownship.com

All acknowledgments to be emailed to Terry.

PLEASE TYPE OR PRINT LEGIBLY

Name: _____ **Position:** _____

Municipality Representing: _____

Daytime Contact Phone Number: _____ (office, home, cell)

Email Address _____

Terry will forward to your email address your acknowledgement from A.C. Central Reservations, Inc. This acknowledgement number acts as your reservation confirmation.

Room Request Information

(Please note that we will try to fill all special requests, however, it is not always possible)
Bally's Park Place Hotel and Casino

Hotel Choice:	BALLY'S				
PRINT Name of Occupants	Arrival Date	Departure Date	Tower/ Regular	# of Beds Queen / King	Smoking Y/N
Special Requests:					
Payment:					
	Card Holder Name	Card Number	Exp. Date		
Credit Card :					
Purchase Order / Voucher # :					
Personal Check #					
Note: All payments must be made in full to the HOTEL no later than OCTOBER 6th (Government agencies: send PO/Voucher DIRECTLY to your assigned hotel AFTER your acknowledgement is received) Cancellations after the November 8th deadline will be required to pay in full for all reserved rooms.					
Please initial for acknowledgement of this policy: _____					