



AFBF HOTEL RESERVATION FORM

Name: _____ Phone: _____

Address: _____ Cell: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____

New Orleans Marriott, 555 Canal St., New Orleans, LA - \$284/night ____ Single ____ Double

Arrival Date: _____ Departure Date: _____

Room Requests: King Double/Double Handicapped Accessible

Nights ____ *@ \$284.00* = _____

I have enclosed a check payable to New York Farm Bureau in the amount of \$ _____.

Please charge the amount of \$ _____ to my credit card.

Cardholder's Name: _____

Credit card #: _____ Expiration Date: _____

Security Code (from back of card): _____

Reservation form should be returned to Pamela Rafferty by:
Mail: New York Farm Bureau, PO Box 5330, Albany, NY 12205,
Fax: 518-431-5656, or
Email: prafferty@nyfb.org.

REGISTRATION DEADLINE IS DECEMBER 7, 2018.