VOLUNTEER FIRE/POLICE ASSOCIATION OF THE STATE of NY Crowne Plaza, 7001 Buffalo Ave, Niagara Falls, NY 14304 Lodging / Meal Reservation Form

LODGING / MEAL PACKAGES

| <u>Package</u> | Sgl Inc Tax / Sgl tax ex | Dbl Incl Tax / Dbl Tax Ex |
|----------------|--------------------------|----------------------------|
| 3 Night | \$558.94 / \$522.00 | <u>\$787.88 / \$714.00</u> |
| 2 Night | \$392.28 / \$363.00 | \$564.56/ \$506.00 |
| 1 Night | \$186.26 / \$172.00 | \$262.52 / \$234.00 |

Package rates are quoted per room, per stay Package rates include all taxes, fees & gratuities

To claim Tax Exemption, this form must be accompanied by your organization's check or credit card and the corresponding NYS Tax **Exemption Certificate ST119**

The 3 Night Package includes: 3 nights lodging in a standard room on Thursday, Friday and Saturday nights, buffet breakfast, buffet lunch and buffet dinner on Friday, buffet breakfast, buffet lunch and Banquet dinner on Saturday, buffet breakfast on Sunday and applicable taxes, fees and gratuities.

The 2 Night Package includes: 2 nights lodging in a standard room on Friday and Saturday nights, buffet dinner on Friday, buffet breakfast, buffet lunch and Banquet dinner on Saturday, buffet breakfast on Sunday and applicable taxes, fees and gratuities.

The 1 Night Package includes: 1 night lodging in a standard room on Saturday night, the Banquet dinner on Saturday, buffet breakfast on Sunday, all applicable taxes, fees and gratuities.

Room Only Packages are not available. Package Rates for

| Tri | ple/Quad Occupancy - Contact Hotel Sales Dept |
|-----------------------|---|
| PAYMENT | FOR LODGING/MEAL PACKAGE: |
| To confirm | your reservation, PAYMENT IN FULL is required with this |
| form. Payn | nent can be made with a check, credit card or cash. |
| Check# | |
| Credit Card | 1# |
| Name on C | redit Card |
| Expiration I | Date/Security Code |
| Amount of | Payment |
| ** C | hecks should be made payable to Crowne Plaza ** |
| Guest Nan | ne: |
| Fire Department Name: | |
| Billing Add | ress: |
| City/State/ | Zip: |
| Email: | |
| Telephone: | |
| Arrival Date | e: Departure Date: |
| | Guestroom Occupancy (PLEASE CIRCLE ONE) |
| Single/1 Pe | rson Double/2 ppl |
| If more tha | n 1 guest in room, please list roommate below: |
| Roommate | <u>:</u> |
| | |
| SATURDAY | BANQUET MEAL CHOICES |
| Please indi | cate entrée choices/counts for Saturday Banquet |
| # | _Filet of Sirloin in Demi Glaza Sauce |
| # | _French Breast of Chicken in Rosemary Demi Glaze |
| # | Grilled Bone in Pork Chop with Apple Chutney |

_Vegetarian Option of the Chef's Choice

Lodging Not Required, Please sign:

| COMMUTER MEALS/guests not staying overnight (per person/day) | | |
|---|--|--|
| Breakfast \$27.06/day incl Tax () Friday () Saturday () Sunday | | |
| Breakfast \$22.00/day Tax Ex () Friday () Saturday_() Sunday | | |
| Lunch\$29.60/day incl tax_() Friday_() Saturday | | |
| Lunch\$27.00/day Tax Ex() Friday_() Saturday | | |
| Dinner Friday () \$39.36 Incl Tax / () \$32.00 Tax Ex | | |
| Saturday Banquet () \$49.20 Incl Tax / () \$40.00 Tax Ex | | |
| ** Please indicate Saturday Banquet Meal selection above** | | |
| PLEASE COMPLETE ALL PAYMENT/GUEST INFO ABOVE | | |

GUESTROOMS, Included in the Packages

Traditional rooms have 2 Queen Beds (majority of the hotel) or 1 King bed. Room type requests are based on availability and cannot be guaranteed. King Jacuzzi Suites are subject to availability at an additional \$50 plus tax and 9% destination fee/day. Handicap Accessible room needed? _ Special requests_

FULL PAYMENT IS REQUIRED WITH THIS FORM FOR COMMUTER

MEALS. PLEASE SEE PAYMENT SECTION ABOVE.

Check in is 4pm / Check out is 11am

FEATURES of our Hotel:

Guestroom amenities include a mini fridge, individual serve coffee maker and complimentary wireless internet. Hotel has a large indoor heated pool, lounge, restaurant/bar on site and fitness center.

PARKING is complimentary for all guests attending this event.

ADDITIONAL INFORMATION:

Reservation requests should be received by the Hotel by April 14, 2026. Reservations requests received after this date are subject to availability.

CANCELLATIONS must be received in writing by April 28, 2026 Cancellations received after this date will not be refunded.

Telephone reservations/internet bookings will **NOT** be accepted. Emailed reservation forms must be completed and include a major credit card. This will be processed for payment in full no later than April 30, 2026.

Reservations will be guaranteed from date of arrival to date of departure. Credit will not be given for early departure or any missed meals.

Hotel is completely **NON-SMOKING**. A \$250.00 fee will be charged to any guest smoking in their guestroom.

SHOULDER DATES: Guestroom rates for arrival prior to May 14, 2026 or for departure after May 17, 2026 will be accepted at the Rate of \$110.00 plus tax and destination fee, based on availability.

CONFIRMATIONS: Confirmation of your reservation will be emailed or mailed using the information on this form.

PLEASE SIGN TO ACKNOWLEGE THE ABOVE:

Any questions, contact:

Denise Peacock, Director of Sales at (716) 299-0344 ext 2241 dpeacock@cpniagarafalls.com