

Hotel Registration Procedures

All conference participants (HOSA Student Members, State Officers, Advisors, Chaperones, Guests and any other persons attending the conference) must be pre-registered. Chapters must pre-register with both the State Organization and with the hotel.

Hotel Reservation and Costs:

Hotel reservation forms are online at the New York HOSA Website. Please complete for your participants. **NO RESERVATIONS WILL BE TAKEN OVER THE PHONE.**

- 1) Advisors must make and be responsible for hotel reservations for your group by 5pm on ,February 28, 2025 **using the Hotel Reservation Form.**
- 2) Advisors are responsible to report any **cancellations directly to the hotel in writing** no later than **4pm on TUESDAY, MARCH 18, 2025.** After this date, the chapter is responsible for all fees for the reservations made.
- 3) Advisors wishing to room students with students from other schools will make these arrangements independently. NY HOSA or the hotel staff will not do it.
- 4) All Advisors will be placed near their students' rooms.
- 5) For NYS Tax Exempt Organizations, Advisors must submit NYS tax Exempt Certificates from their school in advance. The name on the NYS Tax Exempt Certificate must match the corresponding school check. **Completed Purchase Orders from schools will be accepted if they are submitted to the hotel by FEBRUARY 28, 2025.** Personal credit cards, personal checks, money orders and cash are not tax exempt and will be subject to all taxes.
- 6) Monday evening room only - \$122 per room (state officers, advisors and HOSA members) plus tax if applicable
- 7) The hotel package includes: lodging for 2 nights (APRIL 2 AND APRIL 3, 2025 and 6 meals ~ Dinner on Wednesday, Continental Breakfast, Lunch & Dinner on Thursday and Continental Breakfast & Lunch on Friday.

Occupancy Type	Tax Exempt Rates		Non-Tax Exempt Rates with taxes	
	Room Total	Per person	Room Total	Per person
Single	\$478.84	\$478.84	\$535.87	\$535.87
Double	\$707.68	\$353.84	\$786.24	\$393.12
Triple	\$959.52	\$319.84	\$1060.02	\$353.34
Quad	\$1211.36	\$302.84	\$1333.80	\$333.45

- Telephones will be turned off so that no incidental charges may be incurred.

**ALL FORMS OF PAYMENT
PAYABLE TO:**

DoubleTree by Hilton Syracuse
6301 State Route 298
East Syracuse, NY 13057
Phone: (315) 432-0200



**Please fax completed forms to:
(315) 433-1210
ATTN: BETH BARTLETT**

2025 HEALTH OCCUPATION STUDENTS OF AMERICA (HOSA)

Arrival: WEDNESDAY APRIL 2-FRIDAY APRIL 4, 2025

Reservation Cut off -4pm, FEBRUARY 28, 2025

If the room block becomes full before 2/28/25, the hotel will assist you in finding alternative sleeping accommodations.

A valid form of payment to cover the entire cost of stay must be sent with your reservation form for reservations to be made. If paying with a credit card, please fill-in the credit card information below to authorize the hotel to charge the card. Purchase Orders/Vouchers must include arrival and departure dates, list of authorized charges, number of rooms with occupant names, billing address, phone number, point of contact, and signature of authorization. If Tax exempt, a valid NYS tax exempt certificate (ST 119.1) must be received with payment. If no tax exempt form is provided, rates are subject to New York State Sales Tax.

Check-in time begins at 4pm. Check-out time is 11AM.

2025 HOSA Conference Package Room Rates

IF PAYING WITH CASH OR PERSONAL CHECK, YOU ARE NOT NYS TAX EXEMPT AND WILL BE RESPONSIBLE FOR THE FULL NON-TAX EXEMPT PACKAGE PRICE.

MINIMUM & CANCELLATION: The full 2-night package must be purchased (there is no 1-night packages/pricing available).

Cancellations will be accepted until 5pm on TUESDAY, MARCH 18, 2025.

After TUESDAY, MARCH 18, 2025 CANCELLATIONS WILL NO LONGER BE REFUNDED- No exceptions.

	TAX EXEMPT PRICE	NON-TAX EXEMPT PRICE
SINGLE OCCUPANCY	\$475.84	\$535.87
DOUBLE OCCUPANCY	\$707.68 (\$353.84 per person)	\$786.24 (\$393.12 per person)
TRIPLE OCCUPANCY	\$959.52 (\$319.84 per person)	\$1060.02(\$353.34 per person)
QUAD OCCUPANCY	\$1211.36 (\$302.84 per person)	\$1333.80 (\$333.45per person)

If arriving on Tuesday, April 1, 2025, the following room rates will apply: \$122 Single/Double/. Triple \$132 /Quad \$142. Rates are subject to 17% tax.

Conference rates include: accommodations on Wednesday and Thursday evenings, dinner on Wednesday, Thursday Continental Breakfast, Lunch and Dinner, Friday, Continental Breakfast and Lunch. All administrative charge and taxes included. **LIST DIETARY RESTRICTIONS ON THE RESERVATION FORM ON THE NEXT PAGE.**

Indicate your payment method below

Cash	
Check	
Credit Card	
Purchase Order	

Personal checks are NOT tax Exempt

Credit Card Information:

I hereby authorize Doubletree by Hilton Syracuse to guarantee my reservation to the following credit card:

Credit Card #: _____

Authorized Signature: _____

Expiration Date: _____

INVOICE REQUEST?

YES	NO

Please Note: We strongly discourage the use of debit cards. When using a debit card, the hotel will authorize & charge the full amount of the stay at time of reservation. The use of a debit card is similar to navine by check whereas the money will automatically be taken out of your account.

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 DoubleTree by Hilton Syracuse
 6301 State Route 298
 East Syracuse, NY 13057
 Phone: (315) 432-0200
 syracuse.doubletree.com



Please fax completed forms to:
 (315) 433-1210
ATTN: Beth Bartlett

2025 HEALTH OCCUPATION STUDENTS OF AMERICA (HOSA)
Arrival: Wednesday April 2-Friday April 4, 2025-DEPARTURE
Reservation Cut Off -4pm, FEBRUARY 28, 2025
Check-in time begins at 4pm. Check-out time is 11sm.

Please type or print on reservation form. Make a copy of this form if additional rooms are needed. All reservations will be made for non-smoking rooms.

Please indicate by circling 'Y or N' below if you arriving on TUESDAY, APRIL 1, 2025

SCHOOL: _____ ADVISOR NAME: _____

ADDRESS: _____

SCHOOL PHONE: _____ SCHOOL FAX: _____

CELL PHONE: _____ E-MAIL: _____

ADVISORS/CHAPERONES/BUS DRIVERS (4 people per room Max)

Arriving 4/1/25? Indicate below by circling Y/N

Y/N Rm #1 _____

Y/N Rm #2 _____

Y/N Rm #3 _____

STUDENTS (4 people per room Max) – Please include all names of occupants

Arriving 4/1/25? Indicate below by circling Y/N

Y/N Rm #1 _____

Y/N Rm #2 _____

Y/N Rm #3 _____

Y/N Rm #4 _____

Y/N Rm #5 _____

Y/N Rm #6 _____

Y/N Rm #7 _____

Y/N Rm #8 _____

Special Requests/Dietary Restrictions must be made in advance – include individual names & restrictions. Hotel will provide special meal tickets at check-in. If more space is needed, please list on a separate sheet of paper.