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NEW PROFESSIONALS/STUDENTS/PSYCHIATRIC RESIDENTS ROOM RESERVATION REQUEST FORM

Thank you for registering for AGPA Connect 2020 from March 2-7. AGPA is offering **new professionals** (those who have graduated from a full-time degree-granting program, or psychiatric residency in the last four years), **full-time students** in a graduate degree-granting program and **psychiatric residents** significantly reduced rates at the Sheraton New York Times Square Hotel. This special rate of \$80.00+ tax per person per room per night is based on double occupancy. These rooms are handled on a first come, first served basis while they are available. Room shares are required with another student, new professional or resident attending the meeting. Each student room has two double beds. A minimum of two students will be assigned to a room. If you do not list a roommate in the space provided below, one will be assigned to you.

If you have a roommate, please make sure that you are both arriving and departing on the same day. AGPA attempts to assign roommates with similar arrival and departure dates. If the dates are different or they change once the reservation has been secured, **you will be responsible for the full \$160.00+ tax per night for any nights there are not two people occupying the room.**

If you are interested in taking advantage of this opportunity, please complete the bottom portion of this form and return it to Angie Jaramillo, Executive Assistant, by email at angelajaramillo@agpa.org or by fax to (212) 979-6627 **no later than Monday, January 6, 2020.** All inquiries regarding new professional/student/resident room reservations should be directed to Angie Jaramillo, **not the Sheraton.** If you have already reserved a room at the Sheraton directly, please indicate this information so that a rate adjustment for your room may be arranged.

For any other questions, please contact Angie at angelajaramillo@agpa.org or (877) 668-AGPA (2472). We look forward to your joining us in New York.

NEW PROFESSIONAL/STUDENT/RESIDENT ROOM RESERVATION REQUEST

REPLY BY: January 6, 2020

Have you already made a reservation with the Sheraton New York Times Square Hotel? No Yes If yes, please provide Confirmation # _____

Last Name: _____ First Name: _____ Sex: _____

Street: _____ Smoker? Yes No

City: _____ State: _____ Zip Code: _____

Telephone: Office:(_____) Home:(_____) Cell:(_____)

Email: _____

Sharing With: Last Name: _____ First Name: _____

(PLEASE NOTE: If you do not list a roommate here, one will be assigned to you. Roommate must be another student, new professional or resident attending the meeting.)

SPECIAL REQUESTS: _____

ARRIVAL DATE: _____ HOUR: _____ A.M./P.M.

Please list day and date, for example: Monday, March 2

DEPARTURE DATE: _____ HOUR: _____ A.M./P.M.

Please list day and date, for example: Saturday, March 7

ROOM RATE: \$80.00 per person per night plus applicable taxes based on double occupancy

Reservations must be guaranteed with one night's room deposit by credit card.

VISA MASTERCARD AMEX DISCOVER

CREDIT CARD NUMBER: _____ EXP. DATE: _____ CVV: _____

SIGNATURE: _____