

VILLA ROMA RESORT HOTEL  
356 VILLA ROMA ROAD  
CALICOON, NEW YORK 12723  
1-800-727-8455

WELCOMES

THE NATIONAL NYCPD 10-13 ORGS., INC.  
31<sup>st</sup> ANNUAL CONVENTION  
SUNDAY, SEPTEMBER 13th - TUESDAY, SEPTEMBER 15th, 2020

**Your Rates Include:**

Fine Italian/American Cuisine, served in a private, 10-13 Dining Room-3meals daily  
Complimentary 10-13 Hospitality Room Sunday-Tuesday  
Hero Sandwiches and Refreshments upon arrival Sunday  
Cocktail Party prior to Monday Dinner  
Dinner with Red & White wines Sunday & Monday Night  
Nightly Entertainment, Theater shows & dancing to DJ in Lounge  
Free Shuttle to Casino Sunday night  
Door Prizes, 50/50 Raffles  
Golf on Premises-nominal fee, cart included  
Indoor/Outdoor Heated Pools & Jacuzzi  
Spa Facilities offering Massage & Pampering Treatments (fee)  
Gym Area, Tennis, Volleyball, 8 Regulation Bowling Lanes (nominal fee)  
Morning/Afternoon Movies Fishing & More!  
See Villa Roma Information Summary for all activities.

**RATES & ACCOMMODATIONS**

**WEEKEND PACKAGE RATES ARE PER PERSON, PER NIGHT**

**Double Occupancy-Standard Rooms, \$157.13, Single, \$220.95**

**Double Occupancy-1 Bedroom Suite, \$169.89, Single, \$240.84**

**\*Children: under 3 yrs., NO CHARGE, 4-10, \$87.06 per child, per night**

**Children: 11-17 yrs., \$114.69 per night, per child.**

\*Children's Rates only VALID with 1 full priced adult in room.

\*The above rates include 15% Resort Fee, Local NYS Tax & Tips

A \$150.00 deposit, per room is required. Make check payable to:

Villa Roma Resort Hotel

**Mail To:**

**Villa Roma Resort Hotel**

**356 Villa Roma Road**

**Calicoon, NY 12723 OR**

**Call 1-800-727-8455 for Reservations**

For further information contact: Convention Chair, Frank Martarella, 1-718-667-7241 or

Co-Chair Tony Perrone, 1-518-945-1144

Friends & Relatives Welcome

Please fill-out & detach form below and send with your deposit(s)

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National NYCPD 10-13 Organizations, Inc., September 13-September 15, 2020

Name(s) \_\_\_\_\_ # of Adults \_\_\_\_\_ Children \_\_\_\_\_  
Address \_\_\_\_\_ Phone/Email \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Credit Card Name & # \_\_\_\_\_