

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

**THE NATIONAL NYCPD 10-13 ORGS., INC.**  
**32<sup>st</sup> ANNUAL CONVENTION**

SUNDAY, SEPTEMBER 25<sup>th</sup> - TUESDAY, SEPTEMBER 27<sup>th</sup>, 2022

**Your Rates Include:**

Fine Italian/American Cuisine, served in a private, 10-13 Dining Room, 3 meals 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

**Monday Night will feature Frankie Sands**

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, \$159.61, Single, \$226.57**

**Double Occupancy-1 Bedroom Suite, \$172.61, Single, \$246.06**

**\*Children: under 3 yrs.- NO CHARGE, 4-12 - \$90.22 per child, per night**

\*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, John Briganti, 1-386-871-5941**

**Co-Chair Sal Pepitone, 1-516-375-0536**

**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 25<sup>th</sup> -September 27<sup>th</sup>, 2022

Name(s) \_\_\_\_\_ # of Adults \_\_\_\_\_ Children \_\_\_\_\_

Address \_\_\_\_\_ Phone/Email \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Credit Card Name & # \_\_\_\_\_