



HARD TIMES AND HEROS

ARRIVAL: Thursday, March 22, 2007
 DEPARTURE: Saturday, March 24, 2007

LODGING RESERVATION FORM

Room Rates are quoted per day			
<u>SINGLE</u>	<u>DOUBLE</u>	<u>TRIPLE</u>	<u>QUAD</u>
\$ 99.00	\$ 99.00	\$ 99.00	\$ 99.00

- ❖ To confirm your reservation, a Deposit of \$115.00 is due by Tuesday, Feb. 20, 2007 in the form of a Check or major Credit Card.
- ❖ Reservations received after Tuesday, February 20, 2007 will be accepted upon availability.
- ❖ Cancellations must be received by Thursday, March 8, 2007.
- ❖ After Thursday, March 8, 2007, refunds will not be given for cancellations.
- ❖ Telephone Reservations must be guaranteed by a major Credit Card.
- ❖ Final payment arrangements for your stay will be required upon arrival in the form of Cash, major Credit Card or Purchase Order.
- ❖ Conference Rates of \$ 99.00 will be used for Early Arrivals before Thursday, March 22, 2007
- ❖ Late Departures after Saturday, March 24, 2007 will be \$139.00 per room, subject to availability.
- ❖ Check-in time is 4:00 p.m. and Checkout time is 11:00 a.m.

Name _____
 Company/Affiliation _____
 Street _____
 Telephone # _____

Roommate _____
 Email: _____
 City/State/Zip _____
 Fax # _____

Please submit only ONE form per room with all roommates listed on ONE form

<input type="checkbox"/> Single <input type="checkbox"/> Double Request for: <input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking Granted based on Availability ARRIVAL _____ DEPARTURE _____ Check \$ _____ CC# _____ Exp _____ I have read and agree with the above Reservation Policies.
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X

Submit form and deposit by Tuesday, February 20, 2007 to: Hilton Lake Placid Resort
 One Mirror Lake Drive
 Lake Placid, NY 12946
 Telephone 518-523-4411 Fax 518-523-1120

Confirmation of your Reservation will be faxed or mailed using the information provided on this form. Stay Total \$ _____ Conf# _____ Agent _____ Date _____
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EXEMPTION CERTIFICATE - TAX ON OCCUPANCY OF HOTEL ROOMS

STATE OF NEW YORK-Operators of hotels, etc. should not accept this certificate unless the officer or employee presenting it shows satisfactory credentials.
 TO BE RETAINED BY VENDOR AS EVIDENCE OF EXEMPT OCCUPANCY.

Vendor: Hilton Lake Placid Resort, Lake Placid, New York 12946 Date: _____
 This is to certify that I am an employee of the State of New York or one of its political subdivisions; that the services or materials purchased on the date set forth below will be paid for by the State or a political subdivision; and that such charges are incurred in the performance of my official duties.
 Dates of Occupancy: _____ Signature: _____
 Governmental Unit: _____ Title: _____

NOTE: A SEPARATE EXEMPTION CERTIFICATE IS REQUIRED FOR EACH OCCUPANCY AND FOR EACH REPRESENTATIVE OR EMPLOYEE