

OF TWO YEAR COLLEGES

ARRIVAL: Friday, April 27, 2001 DEPARTURE: Sunday, April 29, 2001

Lodging Reservation Form



Package Rates are quoted Per Person Per Stay				
SINGLE	DOUBLE	TRIPLE	QUAD	CHILD
\$273.00	\$217.00	\$198.00	\$189.00	\$73.00

Rates include 2 Nights' Lodging, 2 Breakfasts, 2 Deli- Lunches, 2 Dinners, 2 Morning Breaks & 1 Afternoon Breaks, 1 Cocktail Reception, Gratuities on Food & Beverage. (Rate is subject to 10% Tax, unless Exempt)

- To confirm your reservation, a Deposit of \$100.00 is due by Friday, March 30, 2001 in the form of a Check or major Credit Card.
- Reservations received after Friday, March 30, 2001 will be accepted upon availability.
- Cancellations must be received by Friday, April 13, 2001. After Friday, April 13, 2001 refunds will not be given for cancellations.
- Telephone Reservations will not be accepted.
- Faxed 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 or major Credit Card.
- Rates for Early Arrival before Friday, April 27 or for Late Departure after Sunday, April 29, 2001 are \$68.00 single occupancy and \$80.00 double occupancy.
- Check in time is 3PM and Check out time is 12Noon.

Name _____ Roommate* _____
 Company/Affiliation _____
 Street _____ City/State/Zip _____
 Telephone # _____ Fax # _____

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

An additional signed Tax Exempt form is required for each Exempt Roommate

<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Quad Request for: <input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking <i>Granted Based on Availability</i> ARRIVAL _____ DEPARTURE _____ Check \$ _____ CC# _____ Exp. _____ I have read and agree with the above Reservations Policies X
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Submit form and deposit by Friday, March 30 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. Package Total \$ _____ Conf # _____ Agent _____ Date _____
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Friday's Meal Choices

Chicken _____
 Fish _____
 Beef Rare _____
 Beef Well _____
 Vegetarian _____

Saturday Meal Choices

Chicken _____
 Fish _____
 Beef Rare _____
 Beef Well _____
 Vegetarian _____

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, the undersigned, am a representative of the United States Government department, agency or instrumentality indicated below; that the charges for the occupancy at the above establishment on the dates set forth below have been or will be paid for by such governmental unit; and that such charges are incurred in the performance of my official duties as a representative or employee of such governmental unit.

Dates of Occupancy: _____ Signature: _____

Governmental Unit: _____ Title: _____