



NY Planning Federation

ARRIVAL: Sunday, September 21, 2003

DEPARTURE: Wednesday, September 24, 2003

Lodging Reservation Form

Package Rates are quoted Per Person Per Stay				
	<u>SINGLE</u>	<u>DOUBLE</u>	<u>TRIPLE</u>	<u>QUAD</u>
	\$537.00	\$388.00	\$341.00	\$317.00
Rates include 3 Nights' Lodging, 3 Breakfasts, 2 Lunches, Reception & Buffet Dinner on Sunday, Dine Around Certificate on Monday, Reception & Banquet on Tuesday, 2 Morning Breaks and Gratuities on Food & Beverage. Rates subject to 10% Tax, unless Exempt.				
Rates for guests who stay less than the full package nights, the daily package rates are as follows:				
	<u>SINGLE</u>	<u>DOUBLE</u>	<u>TRIPLE</u>	<u>QUAD</u>
	\$213.00	\$156.00	\$137.00	\$128.00
1 Night Package rates include 1 Night's Lodging, 1 Breakfast, 1 Lunch, 1 Morning Refreshment, Dinner Function planned for that evening and gratuity. Subject to 10%tax, unless exempt.				

- τ To confirm your reservation, a Deposit of \$150.00 is due by Monday, August 18, 2003 in the form of a Check or major Credit Card.
- τ Reservations received after Monday, August 18, 2003 will be accepted upon availability.
- τ Cancellations must be received by Monday, September 8, 2003.
- τ After Monday, September 8, 2003 refunds will not be given for cancellations.
- τ Telephone Reservations will not be accepted.
- τ Faxed Reservations must be guaranteed by a major Credit Card.
- τ Final payment arrangements for your stay will be required upon arrival in the form of Cash, major Credit Card or Voucher.
- τ For Early Arrivals before Sunday, September 21, 2003 or Late Departures after Wednesday, September 24, 2003 we will offer a Bed & Breakfast rate of \$170.00 single and \$181.00 double occupancy, including 1 Night's Lodging, Breakfast and gratuities, subject to availability.
- τ Check in time is 4:00PM and Check out time is 11:00AM.

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

***Please submit only ONE form per room with all room#s listed on ONE form
 An additional signed Tax Exempt form is required for each Exempt Room#**

Submit form and deposit by Monday, August 18, 2003 to:

**Hilton Lake Placid Resort
 One Mirror Lake Drive
 Lake Placid, NY 12946
 Telephone 518-523-4411
 Fax 518-523-1120**

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

Confirmation of your Reservation will be faxed or mailed using the information provided on this form. Package Total \$ _____ Conf # _____ Agent _____ Date _____

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