



Association of NY State Youth Bureaus

LODGING RESERVATION FORM

Arrival: Monday, October 24, 2016 | Departure: Wednesday, October 26, 2016

Package	Single	Double
2 Night Pkg (Mon-Wed)	\$356.57	\$241.57
Tuesday 1-Night Pkg	\$189.98	\$132.48

Package rates are quoted on a per person, per stay basis
9% Administrative Fee & 9% Gratuity include.
Tax is Additional (unless exempt)

The 2 Night Package Rates include: 2 Night's Lodging, 2 Breakfasts, Lunch on Tuesday, Refreshment Breaks on Tuesday & Wednesday, and Reception on Monday

The Tuesday 1-Night Package Rates include: 1 Night's Lodging, 1 Breakfast, Lunch on Tuesday, and Refreshment Breaks on Tuesday & Wednesday

A \$115.00 deposit in the form of a check or a major Credit Card is required.

Check \$ _____

CC#: _____ Exp: _____

Name: _____

Affiliation: _____

Billing Address: _____

City/State/Zip: _____

E-mail Address: _____

Tele#: _____ Fax#: _____

Arrival Date: _____ Departure Date: _____

Traditional Family Unit King Lake King Fireplace
 Adk King Jacuzzi Adk King Suite Adk King Tower Suite

Single (1per) Double (2 ppl)

Roommate(s) _____
Crown Plaza not responsible for assigning roommates.

ROOM DESCRIPTIONS

- Traditional rooms have 2 Queen beds or 1 king bed – hotel's choice.
- Two-Room Family Units in Main Hotel: (additional \$100/nt) overlook lake, King bed, 2 Double beds & full bathroom
- King Bed Lake View: (additional \$30/nt)
- King Bed Fireplace: (additional \$50/nt)
- Adk Wing-King Bed Fireplace Jacuzzi: (additional \$150/nt) Adirondack Décor
- Adk Wing-King Suite: (additional \$250/nt) Adirondack Décor, King Bedroom, Jacuzzi Tub, Full Kitchen and Living Room with Fireplace
- Adk Wing-Tower Suite: (Additional \$300/nt) Adirondack Décor, King Bedroom, 2 Baths, Kitchen, Living Room with Fireplace & Murphy Bed
- Rates quoted above are subject to 8% NYS Tax, and 3% Essex County Tax (on Room portion), unless exempt
- ***NOTE:** Specialty Rooms are subject to availability & guaranteed only upon receipt of a written confirmation from the Crown Plaza Lake Placid.
- Rollaway beds are available upon request at a nightly charge of \$15.00+ tax

RESERVATION POLICIES

- Reservations received after the conference room block is full or after Friday, September 23, 2016 will be accepted on an availability basis.
- Cancellations must be received by Sunday, October 9, 2016.
- Deposits will not be refunded after Sunday, October 9, 2016.
- Check in time is 4PM - Check out time is 11AM.
- Faxed reservations must be guaranteed by a major Credit Card.
- Reservations will be guaranteed from date of arrival to date of departure, as confirmed and Credit will not be given for Early Check-outs or missed meals.
- Payment arrangements for your stay will be required upon arrival in the form of Cash or major Credit Card.
- Room-only Early Arrival rate for Sunday, October 23, 2016 is \$115.00 per room per night plus 11% NYS Tax (unless exempt). Room-only Late Departure rate for Wednesday, October 26, 2016 is \$115.00 per room per night plus 11% NYS Tax (unless exempt). \$115.00 equals NYS Per Diem rate for October 2016 in Lake Placid/Essex County.
- Rates for arrival before Sunday, October 23, 2016 or departure after Thursday, October 27, 2016 will be quoted upon request, subject to availability and cannot be guaranteed at the Conference Rate.
- Confirmation of your Reservation will be e-mailed, faxed, or mailed using the information provided on this form.

I have read and agree with the above Reservation Policies

Please sign and date

Submit form and deposit to:

Crown Plaza Lake Placid
101 Olympic Drive, Lake Placid, New York 12946
Telephone: 518-523-2556 Fax: 518-523-9410

Confirmation #: _____

Res. 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: Crown Plaza Lake Placid, 101 Olympic Dr., Lake Placid, New York 12946 Date: 2016

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: _____

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