CROWNE PLAZA
LAKE PLACID

NYS Assessors Association - NYSAA

LODGING RESERVATION FORM

Arrival: Sunday, September 22, 2019 Departure: Wednesday, September 25, 2019

Package	Single Official	Official with Spouse	Two Officials
Standard Room	$289.00	$418.00	$427.00
Standard Room (includes Tax)	$315.82	$454.33	$464.04

Package rates are quoted on a per room, per night basis

Nightly Package Rates include: Lodging, Buffet Breakfast, Lunch, Dinner, associated conference fees, 10% Administrative Fee & 10% Gratuity

A major Credit Card or check in the amount of $289.00 is required to confirm your room reservation.

☐ Check $_____

☐ CC#:_____Exp:_____

Name:_____

Affiliation:_____

Billing Address:_____

City/State/Zip:_____

E-mail Address:_____

Tele#:_____ **Fax#:**_____

Arrival Date:_____ **Departure Date:**_____

☐ Standard ☐ King Lake View ☐ King Fireplace ☐ Family Unit
☐ Adk King Jacuzzi ☐ Adk King Suite ☐ Adk Tower Suite

☐ Single Official ☐ Official with Spouse ☐ Two Officials

Roommate_____
Crowne Plaza is not responsible for assigning roommates.

MEAL OPTIONS:

Please include Spouse/Roommate choices

Sunday Night:
Buffet Dinner

Monday Night:
#_____Roast NY Sirloin,
#_____Citrus Chicken,
#_____Spinach & Ricotta Ravioli

Tuesday Night:
#_____Filet of Beef Tenderloin,
#_____California Chicken,
#_____Atlantic Salmon

ROOM DESCRIPTIONS

- Standard rooms have 2 Queen beds or 1 King bed – hotel's choice.
- King Bed Lake View or King Bed Fireplace: (additional $30/nt)
- Two-Room Family Units in Main Hotel: (additional $100/nt) overlook lake, King bed, 2 Queen beds & full bathroom
- Adk Wing-King Bed Fireplace Jacuzzi: (additional $100/nt)
- Adk Wing-King Suite: (additional $150/nt) King Bedroom, Jacuzzi Tub, Full Kitchen and Living Room with Fireplace
- Adk Wing-Tower Suite: (Additional $200/nt) 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 and guaranteed only upon receipt of a written confirmation from the Crowne 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 Wednesday, August 21, 2019 will be accepted on an availability basis.
- Cancellations must be received by Friday, September 6, 2019. Any cancellations received after Friday, September 6, 2019 or no-shows will be charged a penalty fee of 1-night's package stay plus tax (unless exempt).
- Check in time is 4PM - Check out time is 11AM.
- Telephone reservations will not be accepted.
- 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 Rates (Standard Room) for Early Arrival on Friday, September 20 or Saturday, September 21 are offered at $159.00 per room per night plus 11% tax (unless exempt), subject to availability.
- Room-Only Rate (Standard Room) for Late Departure on Wednesday, September 25 is offered at $159.00 per room per night plus 11% tax (unless exempt), subject to availability.
- 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:
Crowne 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: Crowne Plaza Lake Placid, 101 Olympic Dr., Lake Placid, New York 12946 **Date:**_____2019

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.*