



## 2005 Joint Annual Meeting of the NY-NJ and UNYOC Chapters of the Medical Library Assn.

**ARRIVAL:** *Tuesday, September 27, 2005*

**DEPARTURE:** *Friday, September 30, 2005*

### LODGING RESERVATION FORM

Room Rates are quoted per day, and are based on a 2-night minimum stay			
<i><b>Single</b></i>	<i><b>Double</b></i>	<i><b>Triple</b></i>	<i><b>Quad</b></i>
\$ 114.00	\$ 114.00	\$ 129.00	\$ 144.00
<i>Subject to 8% Essex County Tax &amp; 3% occupancy tax, unless exempt</i>			

- ❖ To confirm your reservation, a Deposit of \$114.00 is due by Friday, Aug. 26, 2005 in the form of a Check or major Credit Card.
- ❖ Reservations received after Friday, August 26, 2005 will be accepted upon availability.
- ❖ Cancellations must be received by Tuesday, September 13, 2005.
- ❖ After Tuesday, September 13, 2005, 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 Room Rates quoted above will be offered for Early Arrival before Tuesday, September 27, 2005.
- ❖ A Late Departure Rate of \$139.00 will be quoted for those guests requesting departure after Friday, September 30, 2005, subject to availability.
- ❖ One-night conference stays will be offered at \$139.00, subject to availability.
- ❖ Check-in time is 4:00 p.m. and Checkout time is 11:00 a.m.

Name: \_\_\_\_\_ Roommate: \_\_\_\_\_

Company/Affiliation: \_\_\_\_\_

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone# (\_\_\_\_) \_\_\_\_\_ Fax# (\_\_\_\_) \_\_\_\_\_

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

Request for:       **Single**                       **Double**  
 **Smoking**                       **Non-Smoking**      (Granted based on Availability)

Arrival Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ Departure Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

\$: \_\_\_ / \_\_\_      Check / CC#: \_\_\_\_\_      Exp.: \_\_\_ / \_\_\_\_\_

I have read and agree with the above Reservation Policies.

\_\_\_\_\_  
(Signature)

*Submit form and deposit by Friday, August 26, 2005 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 \_\_\_\_\_

**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**