



**Sweet Adelines Hotel Registration Form  
Great Lakes Harmony Region#17  
LEADERSHIP RETREAT JUNE 26-28 2015  
WITH KATHY CARMODY, MASTER DIRECTOR  
The Holiday Inn Independence, Independence, OH**

**HOUSING DEADLINE –May 31, 2015**

Chorus Name \_\_\_\_\_ Housing Chair \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ Email \_\_\_\_\_

Payment Method: **Master Bill** (1 bill for all chorus rooms)      **Individual Bills** (chorus members pay their own bills)

If Master Bill, name of person paying bill \_\_\_\_\_

Or CC

Name on Credit Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 digit Security code \_\_\_\_\_ Amount of Charge \$ \_\_\_\_\_

**ROOM RATES:      Room:\$107.20/night (includes all taxes)  
Tax Exempt Room: \$99.80/night (see below for eligibility requirements)**

**HOUSING FORM INSTRUCTIONS:**

- Please print or type names and clearly mark those rooming together with a bracket or leave a space between each group rooming together.
- Check room size required & nights required and type of payment
- Codes for housing form are as follows:
  - ROOM SIZE - S – Single, D-Double – King
  - SPECIAL REQUESTS – R – Rollaway, NS – Non-Smoking, S – Smoking, H – Handicapped Accessible
- Please put the chorus name at the top of every page of the reservation form.
- No rooms will be reserved without a credit card hold or a check for one night’s deposit per each room requested.

**When complete, send this page and all pages of the reservation form to:**

CATHY DUNLAP Housing Chair, 4746 HELMSWORTH DR. N.E., CANTON, OH 44714 or  
Email to: cdunlap1969@gmail.com

**HOTEL INFORMATION & REGULATIONS:**

- Tax Exempt Eligibility – If a chorus pays for rooms with a chorus-owned credit card (with the chorus name on the card), they could be eligible for tax exempt status. This applies to all out of state choruses. To be eligible, a tax exempt form must be sent along with the housing form. Tax exempt status will not be granted without this form. The room rate will be **\$99.80 per night per room if tax exempt status is granted and \$107.20/night if not.**
- The hotel requires a one night deposit for each room or credit card number (remember to include expiration date and name of card holder)
- If paying by check, please make check payable to **THE HOLIDAY INN INDEPENDENCE**. Check in time is 4:00 P.M. Check out time is 11:00 A.M. Payment for rooms must be made before departure from the hotel.
- **Cancellations or changes after JUNE 15, 2015 must be made with the HOTEL DIRECTLY**
- **(216)-524-8050. There is a 72 hour cancellation period and anyone cancelling their room with less than a 72 hour notice will be charged accordingly by the hotel. It is the responsibility of the coordinator of this housing form to inform all attendees of the cancellation policy.** If you have any questions, please contact CATHY DUNLAP at 330-936-4061 or [cdunlap1969@gmail.com](mailto:cdunlap1969@gmail.com). Thank You!

# Sweet Adelines Region 17 HOUSING FORM

**Chorus Name:**

<b>IMPORTANT: <i>Please TYPE NAMES</i></b>		<b>2 Full Beds</b>	<b>1 King Bed</b>	<b>Handicap Room</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Rollaway</b>	Credit card info. One card per room Include Expiration date. Or one chorus Credit card for entire chorus
<b>Last Name, First Name</b>									
<b>Room</b>	1								
	2								
	3								
	4								
<b>Room</b>	1								
	2								
	3								
	4								
<b>Room</b>	1								
	2								
	3								
	4								
<b>Room</b>	1								
	2								
	3								
	4								
<b>Room</b>	1								
	2								
	3								
	4								

**ROOM RATES:**     107.20/night (includes all taxes)  
                           Tax Exempt: 99.80/night (see below for eligibility requirements)

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<b>Last Name, First Name</b>									
<b>Room</b>	1								
	2								
	3								
	4								
<b>Room</b>	1								
	2								
	3								
	4								
<b>Room</b>	1								
	2								
	3								
	4								
<b>Room</b>	1								
	2								
	3								
	4								
<b>Room</b>	1								
	2								
	3								
	4								

**ROOM RATES:     \$107.20/night (includes all taxes)**  
**Tax Exempt: \$99.80/night**

## BLANKET CERTIFICATE OF EXEMPTION

The undersigned hereby claims exemption to purchases of tangible personal property from

on and after

\_\_\_\_\_  
NAME OF VENDOR

and certifies that this claim

\_\_\_\_\_  
DATE

is based upon the purchaser's proposed use of the items purchased, the activity of the purchaser, or both, as shown hereon:

**Granted exemption from federal income tax as an IRS 501 (c)(3)**

**charitable non-profit organization**

PURCHASER MUST STATE STATUTORY REASON FOR CLAIMING EXEMPTION OR EXCEPTION

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above named vendor unless the order specifies otherwise.

\_\_\_\_\_  
(Purchaser's Name)

**Women's Singing Organization**

\_\_\_\_\_  
(Purchaser's Activity, i.e., Manufacturer, Public Utility, Church, etc.)

\_\_\_\_\_  
(Purchaser's Address)

\_\_\_\_\_  
(By – Signature and Title)

\_\_\_\_\_  
(Date Signed)

N/A **Tax ID #**

\_\_\_\_\_  
(Vendor's License, if any)