 Sweet Adelines Hotel Registration Form

Great Lakes Harmony Region#17

JUNE 16-18 2017

LEADERSHIP RETREAT WITH PAULA DAVIS

The Holiday Inn Independence, Independence, OH

HOUSING DEADLINE –May 23, 2017

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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:/night (includes all taxes) **$107.18/night**

Tax Exempt Room: $99.82/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:

Email to: [cdunlap1969@gmail.com](mailto:cdunlap1969@gmail.com) (PREFERRED) or

CATHY DUNLAP, 4746 HELMSWORTH DR. N.E., CANTON, OH 44714

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 $99.82 per night per room if tax exempt status is granted and $107.18/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 10, 2017 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 JUNE 2017

Chorus Name:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IMPORTANT: Please TYPE NAMES | | | 2 Full Beds | 1 King Bed | **Handicap Rm** | Thursday | Friday | Saturday | **Rollaway** | Credit card info. One card per room  Include Expiration date. Or one chorus  Credit card for entire chorus |  |  |
|  | | Last Name, First Name |  |  |  |
| Room | 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| Room | 1 |  |  |  |  |  |  |  |  |  |  |  |
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| Room | 1 |  |  |  |  |  |  |  |  |  |  |  |
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| Room | 1 |  |  |  |  |  |  |  |  |  |  |  |
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| Room | 1 |  |  |  |  |  |  |  |  |  |  |  |
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| Room | 1 |  |  |  |  |  |  |  |  |  |  |  |
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ROOM RATES: 107.18/night (includes all taxes)

Tax Exempt: 99.82/night (see below for eligibility requirements)

Sweet Adelines Region 17 HOUSING FORM JUNE 2017

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PRESCRIBED BY THE TAX

COMMISSIONER UNDER RULE

NO. TX 1 1-03

**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) | |  | | |