**Sweet Adelines Hotel Registration**

Great Lakes Harmony Region #17 Sweet Adelines International

January 30, 2020 – February 2, 2020

The Holiday Inn Cleveland South

6001 Rockside Road, Independence, OH 44121

**HOUSING DEADLINE – January 7, 2020**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Chorus Name | | |  | | | | | |  | |  | | | | | |
| Address |  | | | | | | City |  | | | | State | \_\_ | Zip | | \_\_ |
| Phone (day) | |  | | (evening) | |  | | | | Email | |  | | | | |
| Tax Exempt form included | | | | |  | | | | | | | | | |

ROOM RATES: **Individual: $109.27 (includes all taxes)**

**Tax Exempt: $101.83 inclusive (see below for eligibility requirements)**

**All housing reservations will be made directly through the hotel at this link:**

**https://www.holidayinn.com/redirect?path=hd&brandCode=HI&localeCode=en&regionCode=1&hotelCode=Clein&\_PMID=99801505&GPC=sww&cn=no&viewfullsite=true**

Here are the instructions:

* Housing is made just as if you were going to International or on a vacation. Simply click on the link and follow the hotel instructions for your housing.
* Each room must be made at the same time. ie: if you have three people in one room, one person must make that room reservation (I suggest a room captain to handle each room)
* Tax Exempt choruses will have taxes “removed” from the rate upon check out. So whomever is paying for the rooms, they will need to bring a copy of your Tax Exempt form to check out. I would also suggest to bring a copy of your chorus rooming list with you to ensure all rooms are given the appropriate rate.
* If you need to change your reservation, you will need to contact the hotel directly. Call Cherie in reservations at 216-524-8050.

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 will be eligible for tax exempt status. This applies to all out of state choruses. To be eligible, a tax exempt form must be brought with the payee to check out. Tax exempt status will not be granted without this form. The room rate will be $101.83 per night per room if tax exempt status & $109.27 night if not.
* The hotel requires a one night deposit for each room or credit card number per room.
* If paying by check, please make check payable to The Holiday Inn. Check in time is 4:00pm and check out time is 11:00am.
* Payment for rooms must be made before departure from the hotel.
* Cancellations or changes after January 7, 2020 must be made with the HOTEL DIRECTLY.

**If you have any questions, please contact Vicki VanGorder at 440-813-7370 or glhr17ose@gmail.com. Thank you**

***Please note that this form is for your chorus information only and will not be sent to the hotel or to me.***

Great Lakes Harmony Region 17 HOUSING FORM – **January 30 to Feb 1, 2020**

Chorus Name:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IMPORTANT: Please PRINT or TYPE | | | 2 Full Beds | 1 King Bed | Handicapped | Thursday | Friday | Saturday |  |
|  | | Last Name, First Name |
| Room  1 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  2 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  3 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  4 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  5 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  6 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

**Room Rates:**

**$101.83 per night – Tax Exempt – see attached form for chorus use**

**$109.27 per night – Regular Rate**

**Deadline January 7, 2020**

Great Lakes Harmony Region 17 HOUSING FORM – **January 30 to Feb 1, 2020**

Chorus Name:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IMPORTANT: Please PRINT or TYPE | | | 2 Full Beds | 1 King Bed | Handicapped | Thursday | Friday | Saturday |  |
|  | | Last Name, First Name |
| Room  7 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  8 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  99 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room    10 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room    11 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  12 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

**Room Rates:**

**$101.83 per night – Tax Exempt – see attached form for chorus use**

**$109.27 per night – Regular Rate**

**Deadline January 7, 2020**

Great Lakes Harmony Region 17 HOUSING FORM – **January 30 to Feb 1, 2020**

Chorus Name:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IMPORTANT: Please PRINT or TYPE | | | 2 Full Beds | 1 King Bed | Handicapped | Thursday | Friday | Saturday |  |
|  | | Last Name, First Name |
| Room  13 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  14 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  15 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room    **16** | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room    17 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  18 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

**Room Rates:**

**$101.83 per night – Tax Exempt – see attached form for chorus use**

**$109.27 per night – Regular Rate**

**Deadline January 7, 2020**

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.

Great Lakes Harmony Region #17

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| (Purchaser’s (Chorus) Name) | | | | |
|  | | | | |
|  | | | | |
| (Purchaser’s (Chorus) Activity, i.e., Manufacturer, Public Utility, Church, etc.) | | | | |
|  | | | | |
|  | | | | |
| (Purchaser’s (Chorus) Address) | | | | |
|  | | | | |
|  | | | | **=** |
| (By – Signature and Title) | | | | |
|  | | | | |
|  | | | | |
| (Date Signed) | | | | |
|  | | | | |
| Tax ID # |  | |  | |
|  | |  | | |