

Sweet Adelines Hotel Registration Form-Great Lakes Region #17
Sweet Adelines International
FALL HARMONY WEEKEND - September 13 -16, 2018
Independence Holiday Inn
6001 Rockside Road, Independence, OH
HOUSING DEADLINE –August 10, 2018

Chorus Name _____

Address _____ City _____ State ____ Zip__

Phone (day) _____ (evening) _____ Email _____

Payment Method: **Master Bill** **Individual Bills**

If Master Bill, name of person paying bill _____

ROOM RATES: **Individual: \$107.18/night (includes state/local taxes)**
Tax Exempt: \$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.
- Include the expiration date and name of card holder with each credit card number
- Check room size required & nights required and type of payment
- Codes for housing form are as follows:
 - ROOM SIZE - S – Single, D-Double – Q-quad
 - SPECIAL REQUESTS – R – Rollaway, 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 via
Email to: Vicki VanGorder awicky16@yahoo.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 \$99.82 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 per room (remember to include expiration date, 3 digit code on back of card and name of card holder)
- If paying by check, please make check payable to Holiday Inn. 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 **August 14, 2018** must be made with the HOTEL DIRECTLY
- (216)-524-8050.

If you have any questions, please contact Vicki VanGorder at 440-813-7370 or awicky16@yahoo.com.
Thank you

Great Lakes Harmony Region 17 HOUSING FORM – September 13-16, 2018

Chorus Name:

IMPORTANT: <u>Please PRINT or TYPE</u>		2 Full Beds	1 King Bed	Handicapped	Thursday	Friday	Saturday	Required Credit Card info from 1 person per room to hold room CC number and Exp. Date
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: \$107.18 (With Tax) \$99.82 (For Tax Exempt) See attached Tax Exempt form for chorus use
DEADLINE – August 10, 2018

Great Lakes Harmony Region 17 HOUSING FORM – September 13-16, 2018

Chorus Name:

IMPORTANT: <u>Please PRINT or TYPE</u>		2 Full Beds	1 King Bed	Handicapped	Thursday	Friday	Saturday	Required Credit Card info from 1 person per room to hold room
Last Name, First Name								
Room 7	1							
	2							
	3							
	4							
Room 8	1							
	2							
	3							
	4							
Room 9	1							
	2							
	3							
	4							
Room 10	1							
	2							
	3							
	4							
Room 11	1							
	2							
	3							
	4							
Room 12	1							
	2							
	3							
	4							

Room Rates: \$107.18 (With Tax) \$99.82 (For Tax Exempt) See attached Tax Exempt form for chorus use
DEADLINE – August 10, 2018

Great Lakes Harmony Region 17 HOUSING FORM – September 13-16, 2018

Chorus Name:

IMPORTANT: Please PRINT or TYPE		2 Full Beds	1 King Bed	Handicapped	Thursday	Friday	Saturday	Required Credit Card info from <u>1 person per room to hold room</u>
	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: \$107.18 (With Tax) \$99.82 (For Tax Exempt) See attached Tax Exempt form for chorus use
DEADLINE – August 10, 2018**

BLANKET CERTIFICATE OF EXEMPTION

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

Holiday Inn Cleveland South

on and after

NAME OF VENDOR

September 13-16, 2018

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)

Women's Singing Organization

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

(Purchaser's (Chorus) Address)

=

(By – Signature and Title)

(Date Signed)

Tax ID #