

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 #