Sweet Adelines Hotel **Registration** Form-Great Lakes Harmony Region #17

Sweet Adelines International Harmony Weekend

September 6 – 8, 2019

Holiday Inn, Strongsville, OH

**15471 Royalton Road, Strongsville, OH 44136**

**HOUSING DEADLINE –August 8, 2019**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Chorus Name* | | |  | | | | |  | |  | | | | |
| *Address* |  | | | | | *City* |  | | | | *State* | *\_\_\_\_\_\_* | *Zip* | *\_\_\_\_\_\_\_\_\_\_* |
| *Phone (day)* | |  | | *(evening)* |  | | | | *Email* | |  | | | |

*Payment Method: credit card*

|  |  |
| --- | --- |
| *If Master Bill, name of person paying bill* |  |

ROOM RATES: **Individual: $110.67 (includes all taxes)**

**Tax Exempt: $103.07 (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 to: (Email is preferred- Email to Vicki VanGorder [awicky16@yahoo.com](mailto:awicky16@yahoo.com))

If mailing forms, send to:

Vicki VanGorder, On Site Events Coordinator

268 Jackson Street

Jefferson OH 44047

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 $103.07 per night per room if tax exempt status is granted and $110.67 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, Strongsville Ohio. Please note that if you are planning on paying by check, the check must be mailed and approved by the hotel TWO weeks before check in. 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 8, 2019 must be made with the HOTEL DIRECTLY
* [**(440) 238-8800**](https://www.google.com/search?client=firefox-b-1-d&q=holiday+inn+strongsville).

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 6-8, 2019

Chorus Name:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IMPORTANT: Please PRINT or TYPE | | | 2 Queen 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:**

**$103.07 night – Tax Exempt – see attached form for chorus use**

**$110.07 per night – Regular Rate**

**Deadline August 8, 2019**

Great Lakes Harmony Region 17 HOUSING FORM –– September 6-8, 2019

Chorus Name:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IMPORTANT: Please PRINT or TYPE | | | 2 Queen 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  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:**

**$103.07 night – Tax Exempt – see attached form for chorus use**

**$110.07 per night – Regular Rate**

**Deadline August 8, 2019**

Great Lakes Harmony Region 17 HOUSING FORM –– September 6-8, 2019

Chorus Name:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IMPORTANT: Please PRINT or TYPE | | | 2 Queen 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  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:**

**$103.07 night – Tax Exempt – see attached form for chorus use**

**$110.07 per night – Regular Rate**

**Deadline August 8, 2019**

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 # |  | |  | |
|  | |  | | |