NEW YORK STATE BAR ASSOCIATION

ACCOMMODATIONS REQUEST FORM

PERSONAL INFORMATION

Authorized Signature _____

Please print or type names of	of all persons who will occupy the room
Name (s)	
Firm	
Address	
	eZip
Phone ()	
Fax ()	
Email for confirmation:	
HOTEL INFORMATI	ON
\$313.20 per night, Sin \$406.40 per night, Do	
(Full American Plan (FAP) - sta	rts with dinner Friday evening, Saturday Sunday with morning breakfast at 7:00 a.m.)
There are a limited number of in addition to the daily rates Please check here if you designed.	
There are a limited number of \$25.00 per day in addition to Please check here if you design.	
Arrival date:	Departure date:
Check-In Time 4:00 p.m.	Check-Out Time 1:00 p.m.
PAYMENT INFORM	ATION
☐ Check or money order end (Make checks payable to The	closed in the amount of \$e Otesaga Hotel)
☐ Charge \$ to	☐ American Express ☐ MasterCard
☐ Visa ☐ Discover Exp. _	CVV
Card number:	

Commercial & Federal Litigation Section Spring Meeting

May 13-May 15, 2016

Cut-Off Date-April 13, 2016

Reservations will fill quickly. Availability of rooms is not guaranteed up to the cut-off date.

Deposit/Cancellation Policy

All reservations must be secured with a deposit equal to the first night's room rate plus tax. Cancellations must be made 3 days prior to your arrival or forfeiture of deposit plus applicable tax will result. Cancellations at any time will incur a \$50 administrative fee. Failure to arrive on the confirmed arrival date will result in the cancellation of your entire stay and the forfeiture of your deposit. For guest comfort, all rooms are non-smoking.

MAKE YOUR OWN HOTEL ACCOMMODATIONS

Book your own hotel room directly with the Otesaga by calling (607) 547-9931. Identify yourself at NYSBA member attending this program. Upon receipt and deposit of your reservation the Otesaga will email your confirmation.

Additional Per Person Rates

In addition, there is an 8% NYS tax and 4% Otsego County lodging tax.

Children's Rates Apply When Sharing a Room

Age 4 yrs & under no charge for food. **Ages 5-11** yrs—\$65.00 per child, per day for FAP meals. **Ages 12-18** yrs—rate is \$80.00 per child per day for FAP meals.

Please return this form to:

Lori Nicoll Meetings Representative New York State Bar Association One Elk Street Albany, New York 12207 Phone: 518.487.5563

Fax: 518.463.5993

