

NEW YORK STATE BAR ASSOCIATION

ACCOMMODATIONS REQUEST FORM

PERSONAL INFORMATION

Please print or type names of all persons who will occupy the room

Name (s) _____

Firm _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Fax (_____) _____

Email for confirmation: _____

HOTEL INFORMATION

\$386.02 per night, Single _____

\$482.04 per night, Double _____

(Full American Plan (FAP) - three meals daily)

There are a limited number of suites available at \$135.00 per day in addition to the daily rates above.

Please check here if you desire a suite _____

There are a limited number of lake view rooms available at an additional \$25.00 per day in addition to the daily rates above.

Please check here if you desire a lake view _____

Arrival date: _____ **Departure date:** _____

Check-In Time 4:00 p.m. Check-Out Time 1:00 p.m.

Please Note:

Telephone reservations will not be accepted.

Reservations can only be made by mail or fax using this form. Meeting registration form and fee(s) must accompany accommodations request. Please refrain from faxing and mailing forms as this can cause double billing.

PAYMENT INFORMATION

Check or money order enclosed in the amount of \$ _____
(Make checks payable to The Otesaga Hotel)

Charge \$ _____ to American Express MasterCard

Visa Discover **Exp.** _____ **CVV** _____

Card number: _____

Authorized Signature _____

House of Delegates

Summer Meeting

June 16–June 18, 2016

The Otesaga Hotel
Cooperstown, New York

Cut-Off Date – May 9, 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.

Confirmation

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:

Kathleen M. Heider
Director of Meetings
New York State Bar Association
One Elk Street
Albany, New York 12207
Phone: 518.487.5500
Fax: 518.463.5993

