#### NEW YORK STATE BAR ASSOCIATION

## ACCOMMODATIONS REQUEST FORM PERSONAL INFORMATION

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

Names/Ages of Children \_\_\_\_\_

Address

Name (s)

City	S1	tate	Zip		
Phone ( )		Ema	il		
Special Requests _					
HOTEL INFORM	IOITAI	N			
\$369.00 p	er pers	on, per r	night <b>SING</b>	LE RATE	
\$269.00 բ	er pers	on, per r	night <b>DOU</b>	BLE RATE	
Rates good 3-days p	ore and	post-me	eting based	d on availability	
Arrival date: Check-In Time 4:00 p	val date: Departure date: Check-Out Time 1:00 p.m.				
These rates are Full Amemeals daily, beginning with day of departure. It to a taxable 12% admir not allowed in rooms, of Guests found to be smooth	vith dinner Paily room Paistrative In balconi	er on the d n and board fee and sta ies or elsev	ay of arrival to a rates quote ate and local where in the I	through lunch on ed above are subject taxes. Smoking is Mountain House.	
PAYMENT INFO	RMAT	ION			
☐ Check or money ord (Make checks payable					
☐ Charge \$	to	☐ Ameri	can Express	☐ MasterCard	
☐ Visa Expiration D	ate	<del></del>			
Card Number:					
Authorized Signature					

# Tax Section Summer Meeting July 15-17, 2016

Mohonk Mountain House Lake Mohonk New Paltz, New York

#### Cut-Off Date - June 15, 2016

Reservations received after the above date will be accepted on a space and rate availability basis. Rooms sell out quickly—please register early!

#### **Deposit/Cancellation Policy**

All reservations must be secured with a deposit equal to the first night's room rate. Notice of cancellation is required 30 days prior to arrival to receive a refund. A \$50 service fee will be deducted from all refunds. After 30 days prior to arrival, the deposit is non-refundable.

#### Children's Rates For Meals/ Additional Room Occupant Charges

For each additional person (over two people) sharing a room, per day meal charges are as follows:

Children Under Age Four: No Charge Children Ages Four to Twelve: \$105 per

Children Age 13 & Over *or* Additional Adults: \$190 per person

### Please return this form with deposit to:

Catheryn Teeter Meetings Representative New York State Bar Association One Elk Street Albany, New York 12207

Albany, New York 12207 Phone: 518.487.5573 Fax: 518.463.5993

Email: cteeter@nysba.org

