

**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**

**\$396.20 per night, Single** \_\_\_\_\_

**\$496.40 per night, Double** \_\_\_\_\_

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

There are a limited number of suites available at \$150.00 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 3:00 p.m. Check-Out Time 12:00 p.m.

**Please Note:**

Any change in arrival or departure date must be made 3 days in advance of your arrival date. You will be charged for your room if your departure date changes once you have checked into the hotel.

*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.

**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 14–June 16, 2018

The Otesaga Hotel  
Cooperstown, New York

**Cut-Off Date–May 1, 2018**

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. Additional adult 19 yrs. & older - \$106.20 per person, per night.

**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 night for FAP meals. **Ages 12-18 yrs**–rate is \$84.00 per child per night for FAP meals.

**Please return this form to:**

Kim McHargue  
New York State Bar Association  
One Elk Street  
Albany, New York 12207  
Phone: 518.487.5557  
Fax: 518.463.8527

