

RURAL ADVOCATES TUESDAY, NOVEMBER 13 - WEDNESDAY, NOVEMBER 14, 2012

Reservation in the name of:			Group Code:	
Mr./Mrs./Ms./Dr				
Company Name:			Reservation Guarantee Deadline:	
Street Address:				
City:	State:Zip:		Check-In Time:	
Phone:Fax: _			3:00 PM	
E-Mail:			Check-Out Time:	
Roommate Name:			1:00 PM	
Arrival Date:Depart	ure Date:			
	FAP RA	TEC DED DAV		
	FAP includes daily Dackets are required in the DEPO	inner, Breakfast and Lunc e Main Dining Room for D SIT POLICY	inner	
A one-night deposit per room i Check (made payable to The Otesaga Hotel) #				
□ Check (made payable to The Otesaga :				
AMEX MasterCard VISA	Exp. Date:	Signature: Card Number: AMEX CID#		
AMEX MasterCard VISA	Exp. Date:Customer Card ID #	_ Card Number:		

CHILDREN'S RATES

4- years & under (Children sharing parent's room): No Charge for food.

5-11 years (Children sharing parent's room): \$65.00 per child, per day for food.

12-18 years (Children sharing parent's room): \$75.00 per child, per day for food.

TAX

NYS Sales Tax (on full rate), Plus 4% Otsego County Bed tax (on room portion only) are added to all rates, if applicable

TAX EXEMPT STATUS

One of the following Tax Exempt Certificates **must accompany** reservation request form to receive tax-exempt status:

- 1) <u>NYS TAX EXEMPTION</u> Form AC946 or ST-129 from each person claiming exemption if they are paying with cash, personal check or credit card (if state voucher is used no form is needed).
- 2) <u>TAX EXEMPT ORGANIZATION</u> Form ST-119.1 In order to receive exemption, payment must be made entirely by the organization. Any occupancy, food & beverage, incidentals, etc. paid for by a member of the tax-exempt organization with their own cash, check or credit cards are taxable.

PLEASE RETURN FORM (BY MAIL OR FAX OR E-MAIL) TO: OTESAGA RESORT HOTEL, C/O THE RESERVATIONS DEPARTMENT 60 LAKE STREET, COOPERSTOWN, NY 13326

PHONE: 607/547/9931 OR 800/348/6222 FAX: 607/547/9675 E-MAIL: RESERVATION1@OTESAGA.COM