



CAMP's International Symposium on Chemical-Mechanical Planarization (CMP)

LODGING RESERVATION FORM

Arrival: Sunday, August 12, 2018 Departure: Wednesday, August 15, 2018

Package	Single	Double	Triple	Quad
Nightly Pkg	\$305.54	\$211.04	\$182.88	\$168.79

Package rates are quoted on a per person, per night basis

Gratuity and Administrative Fee Included

(Administrative Fee is not a Gratuity)

8% NYS Tax and 3% Essex County Tax Additional, Unless Exempt

The Nightly Package Rates include: Lodging in Traditional Room, Breakfast, Lunch and that Evening's Event

To confirm your room reservation a \$190.00 US deposit in the form of a check or a major Credit Card is required.

Check \$ _____

CC#: _____ Exp: _____

Name: _____

Affiliation: _____

Billing Address: _____

City/State/Zip: _____

E-mail Address: _____

Tele#: _____ Fax#: _____

Arrival Date: _____ Departure Date: _____

GUEST ROOM UPGRADES – SEE ROOM DESCRIPTIONS AT UPPER RIGHT

Traditional Family Unit King Fireplace Jacuzzi

Adk King Jacuzzi Adk King Suite Adk King Exec Suite

Single (1per) Double (2 ppl)

Roommate(s) _____

Crowne Plaza is not responsible for assigning roommates.

Entrée Choice for **Monday Dinner**

(Please Include Spouse Choice)

_____ Beef # _____ Chicken # _____ Fish # _____ Vegetarian

Entrée Choice for **Tuesday Dinner**

(Please Include Spouse Choice)

_____ Beef # _____ Chicken # _____ Fish # _____ Vegetarian

ROOM DESCRIPTIONS

- Traditional rooms have 2 double beds or 1 king bed – hotel's choice.
- Two-Room Family Units in Main Hotel: (additional \$120/nt) overlook lake, King bed, 2 Double beds & full bathroom
- King Bed Jacuzzi Fireplace, mountain view: (additional \$80/nt)
- Adk Wing-King Bed Fireplace Jacuzzi: (additional \$120/nt) Adirondack Décor
- Adk Wing-King Suite: (additional \$250/nt) Adirondack Décor, King Bedroom, Jacuzzi Tub, Full Kitchen and Living Room with Fireplace
- Adk Wing-Tower Suite: (Additional \$350/nt) Adirondack Décor, King Bedroom, 2 Baths, Kitchen, Living Room with Fireplace & Murphy Bed
- Rates quoted above are subject to 8% NYS Tax, and 3% Essex County Tax (on Room portion), unless exempt
- *NOTE: Specialty Rooms and Two Room Family Units are subject to availability and guaranteed only upon receipt of a written confirmation from the Crowne Plaza Lake Placid
- Rollaway beds are available upon request at a nightly charge of \$15.00+ tax

RESERVATION POLICIES

- Reservations received after the conference room block is full or after Sunday, 7/22/18 will be accepted on an availability basis.
- Cancellations must be received by Sunday, 7/29/18.
- Deposits will not be refunded after Sunday, 7/29/18.
- Check in time is 4PM - Check out time is 11AM.
- Telephone reservations will not be accepted.
- Faxed reservations must be guaranteed by a major Credit Card.
- Reservations will be guaranteed from date of arrival to date of departure, as confirmed and Credit will not be given for Early Check-outs or missed meals.
- Payment arrangements for your stay will be required upon arrival in the form of Cash or major Credit Card.
- Rate for Early Arrival before Sunday, 8/12/18 is \$239.00. Late Departure after Wednesday, 8/15/18 is \$189.00 (Room Only), and is subject to availability. There is a very small block of rooms being held.
- Confirmation of your Reservation will be e-mailed, faxed, or mailed using the information provided on this form.

I have read and agree with the above Reservation Policies

Please sign and date

Submit form and deposit to:
 Crowne Plaza Lake Placid
 101 Olympic Drive, Lake Placid, New York 12946
 Telephone: 518-523-2556 Fax: 518-523-9410

Confirmation #: _____

Res. Agent: _____ Date: _____

EXEMPTION CERTIFICATE - TAX ON OCCUPANCY OF HOTEL ROOMS

STATE OF NEW YORK-Operators of hotels, etc. should not accept this certificate unless the officer or employee presenting it shows satisfactory credentials.
 TO BE RETAINED BY VENDOR AS EVIDENCE OF EXEMPT OCCUPANCY

Vendor: Crowne Plaza Lake Placid, 101 Olympic Dr., Lake Placid, New York 12946

Date: 2018

This is to certify that I, the undersigned, am a representative of the United States Government department, agency or instrumentality indicated below; that the charges for the occupancy at the above establishment on the dates set forth below have been or will be paid for by such governmental unit; and that such charges are incurred in the performance of my official duties as a representative or employee of such governmental unit.

Dates of Occupancy: _____ Signature: _____

Governmental Unit: _____ Title: _____

NOTE: A SEPARATE EXEMPTION CERTIFICATE IS REQUIRED FOR EACH OCCUPANCY AND FOR EACH REPRESENTATIVE OR EMPLOYEE.