



**NYS Association of School Attorneys  
Friday May 29 – Sunday May 31, 2009**

**RESERVATION INFORMATION (Please type or print legibly)**

Accommodations will be occupied by:

Name(s): Mr./Ms./Dr. \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

(Please note: an email address is required in order to receive confirmation of your reservation)

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

# of Adults \_\_\_\_\_ # of Children \_\_\_\_\_ Ages \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**LIST ROOMMATE (Sending Separate Reservation Forms)**

1. \_\_\_\_\_

2. \_\_\_\_\_

**ONLINE RESERVATIONS**

The Sagamore's online reservation website is now available at [www.thesagamore.com](http://www.thesagamore.com). To make a reservation, click "Reservations" at the bottom of the page, enter arrival and departure dates and the group code # 51G107

**CUTOFF DATE: May 11, 2009**

A block of accommodations has been set aside for the group. Please reserve your room before the cutoff date indicated above, **by mailing or faxing** this completed form to the address listed at the bottom of this page. If this block of accommodations sells out before the cutoff date reservations will be subject to general availability. Reservations will not be accepted over the telephone until after the cutoff date, and then are subject to general availability.

**Check-in time: 4:00pm Check-out time: 11:00am**

**ROOM RATES ARE PER ROOM PER DAY:**

Room Type	Single/ Double
___Lodge Room	\$225.00
___Lodge Suite	\$350.00
___Hotel Room	\$300.00
___Hotel Suite	\$375.00

**All of our guestrooms and public areas are non-smoking.**

There are a limited number of accommodations available within each room type category. When one category fills you will be assigned to the next category at the corresponding rate. Please label your choices in order of preference, #1 and #2. **For room descriptions, please go to [www.thesagamore.com](http://www.thesagamore.com). \*\* Please be aware that special requests such as location and/or bed type are fulfilled whenever possible, but are NOT GUARANTEED.**

**RATES FOR CHILDREN AND/OR THIRD ADULT:**

Ages 0-12: \$10.00 Service Charge  
Ages 13 & Up: \$25.00 Room Charge plus \$10.00 Service Charge

**DAILY RATES:**

European Plan Rate includes accommodation only. In addition you will be charged \$10.00 per person, per night service charge Rates are subject to 7% NYS Sales Tax and 4% Warren County Occupancy Tax, unless tax exempt status has been approved.

**ADDITIONAL INFORMATION:**

For additional information about The Sagamore please visit [www.thesagamore.com](http://www.thesagamore.com)

**DEPOSIT POLICY:**

All reservations must be secured with a deposit equal to the first night's room charge, which must include the service charges listed. The total deposit will be applied to your designated length of stay.

Please send a check, money order or indicate your credit card, date of expiration and amount to be charged below. Your credit card will be charged upon receipt of the information below.

Credit Card Company \_\_\_\_\_ Exp. Date \_\_\_\_\_

Account # \_\_\_\_\_ Amount \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_ Please initial here if this card is not the attendee's and it is to be used for payment of the balance for this room reservation (excluding incidentals). **If so, the full amount due will be charged at time of booking.**

**CANCELLATION POLICY:**

Should you cancel more than 14 days prior to your arrival date, your deposit will be refunded less a \$35.00 processing fee. Should you cancel within 14 days of your arrival, or shorten your stay, it will result in forfeiture of your deposit.

**TAX EXEMPT INFORMATION:**

**If your New York State tax exempt organization is paying for your stay, the following information applies:**

A completed ST 119.1 form as well as a **copy of your form of payment** (Company Check or Company Credit Card) must be received with this form.

**If paying by personal check, credit card or cash, the following information applies:**

**NYS Employees or Employees of its political subdivisions:**

A completed AC-946 form must be received with this form. Proper identification will need to be shown at check-in.

**US Government Employees:**

A completed ST-129 form must be received with this form. Proper identification will need to be shown at check-in.

Group Code: A 51G107

Return this form with deposit to:

The Sagamore Reservations Department, P.O. Box 450, Bolton Landing, NY 12814-0450  
518-644-9400 ext. 5300 or 1-800-358-3585 \* Sagamore Reservations Fax Number: 518-743-6211