



ASSOCIATION OF COMMUNITY LIVING AGENCIES IN MENTAL HEALTH
November 7-9, 2007 Pre Conference Workshop November 6, 2007

RESERVATION INFORMATION (Please type or print legibly)

Accommodations will be occupied by:

Name(s): Mr./Ms./Dr. _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Arrival Date _____ Departure Date _____

of Adults _____ # of Children _____ Ages _____

Telephone (____) _____ - _____ Ext _____

Fax (____) _____ - _____

LIST ROOMMATE (Sending Separate Reservation Forms)

1. _____

2. _____

CUTOFF DATE: October 6, 2007

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. 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:

Single Occupancy \$210.79 Double Occupancy \$326.58
Triple Occupancy \$467.37 Quad Occupancy \$608.16

Room Type

Lodge Room Lodge Suite Hotel Room
Hotel Suite Hermitage Suite

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. Please label your choices in order of preference, #1, #2, #3, #4, #5. See the back of this form for Room Type Descriptions. ** Please be aware that special requests such as location and/or bed type are fulfilled whenever possible, but are NOT GUARANTEED.

DAILY RATES:

Full American Meal Plan Rate (FAP) includes accommodation, as well as breakfast, lunch and dinner daily, and applicable service charges (beginning with dinner on the evening of arrival and concluding with lunch on the day of departure). Rates are subject to 7% NYS Sales Tax & 4% Warren County Occupancy Tax, unless tax exempt status has been approved.

ADDITIONAL INFORMATION:

Please refer to the back of this form for additional information about The Sagamore and visit our web site at www.thesagamore.com

DEPOSIT POLICY:

All reservations must be secured with a deposit equal to one night's room charge. The total deposit will be applied to your designated length of stay. Individuals arriving late and/or departing early from their designated length of stay will forfeit their deposit.

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: A51D3K4

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