



New York State Association of Tax Receivers & Collectors

2024 Vendor Form

Sunday, June 9th – Wednesday, June 12th

First & Last Name: _____ Additional Guest: _____

Phone: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip _____

Arrival Date: _____ Depart. Date: _____ Number of Adults _____

Package does not include current local & NYS taxes (currently at 11%)

Sunday - Wednesday:	\$590.40 Single Occupancy	\$814.80 Double Occupancy	
<i>This package includes overnight accommodations for three nights, Welcome Reception, three Breakfast, two lunch, two Morning Breaks, two Afternoon Breaks and a Buffet Dinner.</i>			
<input type="checkbox"/>	One King Bed – limited	<input type="checkbox"/>	Two Queen Beds

Sunday Arrival:	\$170 Single Occupancy	\$218 Double Occupancy	
<i>This package includes Sunday overnight accommodations, Welcome Reception & Monday Breakfast</i>			
<input type="checkbox"/>	One King Bed – limited	<input type="checkbox"/>	Two Queen Beds

Monday Arrival:	\$183.20 Single Occupancy	\$244.40 Double Occupancy	
<i>This package includes Monday AM Break, Lunch, PM Break, overnight accommodations & Tuesday Breakfast</i>			
<input type="checkbox"/>	One King Bed – limited	<input type="checkbox"/>	Two Queen Beds

Tuesday Arrival:	\$237.20 Single Occupancy	\$352.40 Double Occupancy	
<i>This package includes Tuesday AM Break, Lunch, PM Break, overnight accommodations & Wednesday Breakfast</i>			
<input type="checkbox"/>	One King Bed – limited	<input type="checkbox"/>	Two Queen Beds

Special Room Requests: _____ (Requests will be made based on availability)

I understand that the credit card provided will be charged for tax unless a tax-exempt form has been provided for the reservation. TAX EXEMPT FORM MUST ACCOMPANY THIS HOTEL REGISTRATION FORM WHEN SUBMITTED. Additionally, I understand that a \$150 deposit will be taken at the time of making this reservation on the credit card listed below. The remaining charges will be processed on the day of arrival and an additional card, unless this card is authorized, will be taken for any incidental charges incurred during the guest's stay. All forms must be received by May 9, 2024 for guarantee of reservation and meals. Cancellations within 3 days of arrival will incur a \$150 late cancellation charge. Please email this form to christinep@fortwilliamhenry.com or fax to 518-964-6687. If using USPS, please mail to the address below with the Attention To: Christine Proctor.

Credit Card Number: _____ Exp: ____/____

Signature of Card Holder: _____

Reservations received after the cutoff date will be made based on date and rate availability

Please Note: Telephone Reservations Will Not Be Accepted
Hotel Address: 48 Canada Street – Lake George, NY 12845
Website: www.fortwilliamhenry.com