



**LAKE ERIE REGION #17
FALL HARMONY WEEKEND
The INDEPENDENCE HOLIDAY INN
INDEPENDENCE , OHIO
SEPTEMBER 17 - , 2010**

PRE-REGISTRATION DEADLINE – AUGUST 20, 2010.

**(This includes male directors and directors who are members of another region.)
Registrations after this date will be assessed a \$5.00 late fee per person.**

Pre-registration is necessary to efficiently schedule rooms and classes.

Please fill out the attached form to list the name of each registration.

PLEASE PRINT THE NAMES IN ALPHABETICAL ORDER. THIS IS A GREAT HELP!!

ALSO PLEASE REGISTER WITH YOUR PRIMARY CHORUS!!

Schedules, class handouts, etc. are to be picked up
by each member at the registration table in the hotel.

Mail this form along with chapter check made payable to
"Lake Erie Region #17"
to:

Susan LeMonte
Regional Meeting Coordinator
4221 Meese Road
Louisville , OH 44641
(330) 875-5446(H)
bakinsusan@yahoo.com

Total number of NON-MEMBERS _____ @ \$20.00 \$ _____ (enclosed)
Total number of MEMBERS _____ @ \$10.00 \$ _____ (enclosed)

CHORUS NAME _____

CONTACT PERSON _____

_____ Phone _____

REGISTRATIONS ARE NON-REFUNDABLE. THEY ARE TRANSFERABLE.

REGISTRATION FORM

Please notate any *NEW* members with an * next to their name.
We will then know to make a name badge & lanyard.

Please register with your **PRIMARY CHORUS** only.

Pre-registration is being made for the following members of

CHAPTER NAME:

1.		26.	
2.		27.	
3.		28.	
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20.		45.	
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24.		49.	
25.		50.	

This form may be duplicated, if necessary.
REGISTRATIONS ARE NON-REFUNDABLE. THEY ARE TRANSFERABLE.



Sweet Adelines Hotel Registration Form-Lake Erie Region#17
Sweet Adelines International

FALL HARMONY WEEKEND – SEPTEMBER 17-19, 2010
HOLIDAY INN INDEPENDENCE, INDEPENDENCE, OHIO

HOUSING DEADLINE – AUGUST 09, 2010

Chorus Name _____ Housing Chair _____

Address _____ City _____ State _____ Zip _____

Phone (day) _____ (evening) _____ Email _____

Payment Method: **Master Bill** (1 bill for all chorus rooms) **Individual Bills** (chorus members pay their own bills)

If Master Bill, name of person paying bill _____

ROOM RATES: Individual: 106.03/night (includes all taxes)
Tax Exempt: 98.90/night (see below for eligibility requirements)

HOUSING FORM INSTRUCTIONS:

- Please print or type names and clearly mark those rooming together with a bracket or leave a space between each group rooming together.
- Include the expiration date and name of card holder with each credit card number
- Check room size required & nights required and type of payment
- Codes for housing form are as follows:
 - ROOM SIZE - S – Single, D-Double – Q-quad
 - SPECIAL REQUESTS – R – Rollaway, NS – Non-Smoking, S – Smoking, H – Handicapped Accessible
- Please put the chorus name at the top of every page of the reservation form.
- No rooms will be reserved without a credit card hold or a check for one night's deposit per each room requested.

When complete, send this page and all pages of the reservation form to:

Sue Heck, Housing Chair
5229 Dungannon Circle NW
N. Canton, OH 44720
Ph: 330-498-9088 Fax: 419-791-5105
Email: suehck@yahoo.com

This form can be sent via postal service, fax, or as an email attachment.

HOTEL INFORMATION & REGULATIONS:

- Tax Exempt Eligibility – If a chorus pays for rooms with a chorus-owned credit card (with the chorus name on the card), they could be eligible for tax exempt status. This applies to all out of state choruses. To be eligible, a tax exempt form must be sent along with the housing form. Tax exempt status will not be granted without this form. The room rate will be **\$98.90 per night per room if tax exempt status is granted and \$106.03/night if not.**
- The hotel requires a one night deposit for each room or credit card number (remember to include expiration date and name of card holder)
- If paying by check, please make check payable to The Independence Holiday Inn .
- Check in time is 3:00pm. Check out time is 12:00 noon
- Payment for rooms must be made before departure from the hotel.
- **Cancellations or changes after SEPTEMBER 10TH 2009 must be made with the HOTEL DIRECTLY(216-524-8050)**

If you have any questions, please contact Sue Heck at 330-498-9088 or suehck@yahoo.com. Thank you!

**LAKE ERIE REGION #17
FALL HARMONY WEEKEND
THE HOLIDAY INN INDEPENDENCE
INDEPENDENCE , OHIO
SEPTEMBER 17-19, 2010**

Saturday – SEPTEMBER 18, 2010

**Luncheon Menu:
CALIFORNIA CLUB CROISSANT
SLICED ROTISSERIE, TURKEY, CRISP BACON, SWISS CHEESE, LETTUCE,
TOMATO, ALFALFA SPROUTS & A SIDE OF CATALINA DRESSING WITH POTATO
SALAD
FRESH FRUIT, COOKIES & BROWNIES
COFFEE, TEA, ICED TEA**

Luncheon is limited, so don't delay

Please write one chapter check payable to:

LAKE ERIE REGION #17

DEADLINE for luncheon reservations – SEPTEMBER 6^h 2010

Contact person will pick up all luncheon tickets at the Sweet Adeline registration table in hotel and distribute to her chorus members.

Luncheon tickets are **non-refundable**, however you may sell to another person.
Price includes Tax and Gratuity.

CHORUS NAME _____

NUMBER OF RESERVATIONS _____ @ \$15.00/ea. = \$ _____ enclosed

CONTACT PERSON _____

PHONE _____ EMAIL _____

Mail reservation form and check to:
Susan LeMonte
4221 Meese Rd. NE
Louisville, OH 44641
330-875-5446 or bakinsusan@yahoo.com

HARMONY WEEKEND Luncheon Ticket Order Form

Cost: \$15/ea

Please list each person purchasing a luncheon ticket. If you believe someone should receive a complimentary ticket, please note "COMP" by her name. The Events Team will then confirm the eligibility of that person. If the person is not eligible for a complimentary ticket, payment will need to be made.

Please return this form to: **Susan LeMonte, 4221 Meese Rd., Louisville, OH 44641**

CHAPTER NAME: _____

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BLANKET CERTIFICATE OF EXEMPTION

The undersigned hereby claims exemption to purchases of tangible personal property from _____ on and after

NAME OF VENDOR

and certifies that this claim

_____ DATE

is based upon the purchaser's proposed use of the items purchased, the activity of the purchaser, or both, as shown hereon:

Granted exemption from federal income tax as an IRS 501 (c)(3)

charitable non-profit organization

PURCHASER MUST STATE STATUTORY REASON FOR CLAIMING EXEMPTION OR EXCEPTION

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above named vendor unless the order specifies otherwise.

(Purchaser's Name)

(Purchaser's Activity, i.e., Manufacturer, Public Utility, Church, etc.)

(Purchaser's Address)

-Finance Coordinator

(By – Signature and Title)

(Date Signed)

N/A

Tax ID #

(Vendor's License, if any)