



Clarkson University
 16th International Symposium on
 Chemical-Mechanical Planarization



CENTER FOR ADVANCED MATERIALS PROCESSING
 16th International CMP Symposium
REGISTRATION FOR MEETING

Return this form to: Leila Boyea, Clarkson University, Potsdam, NY 13699-5665
EMAIL: leila@clarkson.edu **or FAX:** (315) 268-7615

Registration for Meeting: (This is separate from the Hotel charges and will be collected by the CAMP. Personal checks, VISA, Master Card and Discover will be accepted for registration (Clarkson can't process amex cards).

Made	University & CAMP Members & Invited Speakers		Non-University & Non-CAMP Member Registrations	
	Before <u>7/25/11</u>	After <u>7/25/11</u>	Before <u>7/25/11</u>	After <u>7/25/11</u>
	125.00	220.00	260.00	350.00

One day registration fee: \$250.00 (includes meals, reception, etc.) _____

PLEASE RETURN ENTIRE FORM (please print or put business card here)

NAME(S) _____

BUSINESS NAME _____

STREET _____ CITY _____

STATE _____ ZIP _____

BUSINESS PHONE: _____

FAX: _____

EMAIL ADDRESS: _____

ARRIVAL: _____ DEPARTURE: _____

CREDIT CARD INFORMATION

CREDIT CARD _____

CARD NUMBER _____

EXPIRATION DATE: _____

CARD VERIFICATION CODE: _____

CARD HOLDERS NAME _____
 (PLEASE PRINT)

CREDIT CARD BILLING ADDRESS: _____

ZIP CODE: _____

SIGNATURE: _____

Meal Selections

Location to be determined: Monday Dinner Selection:

___ Beef ___ Chicken ___ Fish ___ Vegetarian

Tuesday Dinner Selection:

___ Beef ___ Chicken ___ Fish ___ Vegetarian

CENTER FOR ADVANCED MATERIALS PROCESSING

16th International CMP Symposium
LODGING RESERVATION FORM

Arrival: Sunday, August 7, 2011 Departure: Wednesday, August 10, 2011

Package	Single	Double
1 Night Pkg	\$257.00	\$174.50

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

*Gratuity and Administrative Fee Included
(Administrative Fee is not a Gratuity)*

7.75% NYS Tax and 3% Essex County Tax Additional, Unless Exempt

The Nightly Package Rates include: Lodging, Breakfast, Lunch and that Evenings Event

To confirm your room reservation a \$257.00 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: _____

Traditional Family Unit King Lake Jacuzzi King Fireplace

Adk King Jacuzzi Adk King Suite Adk King Exec Suite

Single (1per) Double (2 ppl)

Roommate(s) _____

Crowne Plaza not responsible for assigning roommates.

Entrée Choice for Monday Dinner

_____ Beef # _____ Chicken # _____ Fish

Entrée Choice for Tuesday Dinner

_____ Beef # _____ Chicken # _____ Fish

(Please Include Spouse Choice)

ROOM DESCRIPTIONS

- Traditional rooms have 2 double beds or 1 king bed – hotel's choice.
- Two-Room Family Units in Main Hotel: (additional \$160/nt) overlook lake, King bed, 2 Double beds & full bathroom
- King Bed Lake Jacuzzi or King Bed Fireplace: (additional \$60/nt)
- Adk Wing-King Bed Fireplace Jacuzzi: (additional \$110/nt) Adirondack Décor
- Adk Wing-King Suite: (additional \$200/nt) Adirondack Décor, King Bedroom, Jacuzzi Tub, Full Kitchen and Living Room with Fireplace
- Adk Wing-Tower Suite: (Additional \$270/nt) Adirondack Décor, King Bedroom, 2 Baths, Kitchen, Living Room with Fireplace & Murphy Bed
- Rates quoted above are subject to 7.75% 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 Resort & Golf Club.
- 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 Monday, 7/25/11 will be accepted on an availability basis.
- Cancellations must be received by Monday, 7/25/11.
- Deposits will not be refunded after Monday, 7/25/11.
- 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, 8/7/11 or for Late Departure after Wednesday, 8/10/11 is \$199.00 (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 Resort and Golf Club 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 Resort and Golf Club Lake Placid, 101 Olympic Dr., Lake Placid, New York 12946 Date: _____ 2011
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: _____