



Dear Members,

As in the past, all certified sitting Justices, who are members in good standing of NYSMA and registered for the conference, attending the **New York State Magistrates Association's Annual Meeting on Monday, September 26, 2016 at 4:30 pm** will be reimbursed by the State through the Unified Court System for one (1) night of lodging and mileage at the current State rate, unless living within 35 miles of the conference site. The remaining expense is eligible for reimbursement by your town or village. **(Necessary expenses, including transportation, meals, room and registration fees incurred by fully authorized municipal officials and employees are properly**

**reimbursable from municipal funds pursuant to §77-b of the General Municipal Law).**

Core B Training Course will be offered by the Office of Justice Court Support on Tuesday, September 27, 2016.

In order to expedite registration, we urge you to Pre-Register.

**FEES: Pre-Registration: \$50.00**

**On-site Registration: \$75.00**

**All members participating in any portion of the conference are required to pay the fee**, which covers the many detailed arrangements necessary for a successful conference. For your convenience, receipts will be available at our registration desk.

On behalf of President Bauman and your Executive Committee members, we urge you to attend. It is a great time to renew old acquaintances, make new ones, to learn, speak your thoughts, vote, enjoy and help celebrate our 107<sup>th</sup> Anniversary.

Please note Registration and Fees for the Conference and Hotel are separate.

- If you are not pre-registered, the Hotel will not hold a room

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## MAGISTRATE REGISTRATION FORM

The 107<sup>th</sup> Conference of the New York State Magistrates Association

Crowne Plaza – Lake Placid, New York

Name: \_\_\_\_\_ Town Justice of: \_\_\_\_\_

Address: \_\_\_\_\_ Village Justice of: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

County: \_\_\_\_\_ Current Co. President: \_\_\_\_\_

Guest's Full Name if Attending: \_\_\_\_\_ Court Clerk: Yes or No

Is this your first NYSMA Conference: Yes or No

NAME TAGS WIL BE PROVIDED

**Fee: \$50.00 must be received by August 25, 2016 \* Non-refundable after August 31, 2016**



**NYSMA's 2016 Annual Conference  
LODING RESERVATION FORM**

**CONFERENCE DATES**

**Sunday, September 25 – Wednesday, September 28, 2016**

All reservations must be made using this form and returned no later than **August 25, 2016**.

Reservations forms received after this reservation deadline will be accepted based upon space and rate availability.

Package Guest Room Rates are as follows:

- A Complimentary One-hour Scenic Boat Cruise
- Complimentary greens fees on the Lake Placid Club Pristine 9 Executive Golf Course

**Nightly Package 3-night stays:**

**Single Occupancy:** \$687.75 + tax= \$750.14  
\$687.75 tax exempt

**Double Occupancy (1 exempt w/ taxed guest) \$1,088.24**  
**(2 exempt, 1 room) \$530.25 each total \$1,060.50**

Includes: Accommodations for two guests from September 25-28, 2016  
 Sunday: Welcome Reception & Dinner, Overnight Stay  
 Monday: Breakfast, Break, Lunch, Break, Dine-A- Round, Overnight Stay  
 Tuesday: Breakfast, Break, Lunch, Break, Reception & Dinner, Overnight Stay  
 Wednesday: Breakfast, Break

**Nightly Package for less than 3-night stays:**

**Single Occupancy:** \$239.25 + tax= \$260.85  
\$239.25 tax exempt

**Double Occupancy (1 exempt w/ taxed guest) \$383.55 Package**  
**(2 exempt / 2 judges, 1 room) \$186.75 each, total \$373.50**

Nightly package includes applicable meals and nightly surcharge for less than 3 night stays

To confirm your reservation, a credit card number must be provided or a check/money order in the amount of \$229.25 sent with reservation form. A purchase order cannot be used for the initial deposit.

Check       Credit Card

CC#: \_\_\_\_\_ Exp: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

# of rooms: \_\_\_\_\_ # of people per room: \_\_\_\_\_

Roommate: \_\_\_\_\_

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

Special needs: \_\_\_\_\_

**Entrée Choice for Sunday Night Banquet:**  
Please include spouse choice

#      Sole Florentine    #      Chicken Normande

**RESERVATION POLICIES**

- To confirm your reservation, a credit card number must be provided or a check/money order in the amount of \$229.25, sent with reservation form.
- If paying final bill by Purchase Order, a copy of your purchase order must be received at check-in.
- A copy of your NYS tax exemption form must be received with reservation form. Payment (Purchase Order or Credit Card) must match the name on the NYS tax exemption form.
- Guests staying on dates outside group's conference and/or are self pay will be subject to tax.
- Reservation forms must be received no later than Thursday, August 25, 2016. Reservations received after that date will be accepted on a space and rate availability basis.
- Cancellations must be received no later than Sept 9, 2016. Guest room deposit will not be refunded after that date.
- Cancellations after this date will result in forfeiture of the deposit.
- 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
- Telephone reservations will not be accepted.
- Check-in time is 4:00pm. Check-out time is 11:00am.
- Room-only Rates for early arrival, before 9/25/16 or late departure, after 9/28/16 will be offered at the discounted rate of \$139.00/night + tax, based upon availability.
- A conference rebate has been included in the package rate to offset the expenses of the conference.
- Confirmation of your Reservation will be e-mailed, faxed, or mailed using the information provided on this form.

**UNLESS ALL PROPER FORMS ARE SUBMITTED & COMPLETED, RESERVATIONS WILL NOT BE PROCESSED**

*I have read and agree with the above Reservation Policies*

**Please sign and date**

Reservation Form, Deposit and Tax Exempt Certificate must be received by Thursday, August 25, 2016 to:

**Crowne Plaza**

Attn: Reservations Dept.

101 Olympic Drive

Lake Placid, New York, 12946

Fax (518) 523-9410

For Office use only:

Confirmation #: \_\_\_\_\_

Reservation Agent: \_\_\_\_\_ Date: \_\_\_\_\_



New York State Department of Taxation and Finance  
**New York State and Local Sales and Use Tax**  
**Exemption Certificate**  
 Tax on occupancy of hotel or motel rooms

**ST-129**  
 (4/12)

**This form may only be used by government employees of the United States, New York State, or political subdivisions of New York State.**

Name of hotel or motel		Dates of occupancy		
		From:	To:	
Address (number and street)	City	State	ZIP code	Country

**Certification:** I certify that I am an employee of the department, agency, or instrumentality of New York State, the United States government, or the political subdivision of New York State indicated below; that the charges for the occupancy of the above business on the dates listed have been or will be paid for by that governmental entity; and that these charges are incurred in the performance of my official duties as an employee of that governmental entity. I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements and issue this exemption certificate with the knowledge that this document provides evidence that state and local sales or use taxes do not apply to a transaction or transactions for which I tendered this document, and that willfully issuing this document with the intent to evade any such tax may constitute a felony or other crime under New York State Law, punishable by a substantial fine and a possible jail sentence. I understand that the vendor is a trustee for, and on account of, New York State and any locality with respect to any state or local sales or use tax the vendor is required to collect from me; that the vendor is required to collect such taxes from me unless I properly furnish this certificate to the vendor; and that the vendor must retain this certificate and make it available to the Tax Department upon request. I also understand that the Tax Department is authorized to investigate the validity of tax exemptions claimed and the accuracy of any information entered on this document.

Governmental entity (federal, state, or local)		Agency, department, or division		
Employee name (print or type)	Employee title	Employee signature	Date prepared	

### Instructions

#### Who may use this certificate

If you are an employee of an entity of New York State or the United States government and you are on official New York State or federal government business and staying in a hotel or motel, you may use this form to certify the exemption from paying state-administered New York State and local sales taxes (including the \$1.50 hotel unit fee in New York City). This **does not** include locally imposed and administered hotel occupancy taxes, also known as *local bed taxes*.

New York State governmental entities include any of its agencies, instrumentalities, public corporations, or political subdivisions.

Agencies and instrumentalities include any authority, commission, or independent board created by an act of the New York State Legislature for a public purpose. Examples include:

- New York State Department of Taxation and Finance
- New York State Department of Education

Public corporations include municipal, district, or public benefit corporations chartered by the New York State Legislature for a public purpose or in accordance with an agreement or compact with another state. Examples include:

- Empire State Development Corporation
- New York State Canal Corporation
- Industrial Development Agencies and Authorities

Political subdivisions include counties, cities, towns, villages, and school districts.

The United States of America and its agencies and instrumentalities are also exempt from paying New York State sales tax. Examples include:

- United States Department of State
- Internal Revenue Service

Other states of the United States and their agencies and political subdivisions **do not** qualify for sales tax exemption. Examples include:

- the city of Boston
- the state of Vermont

#### To the government representative or employee renting the room

Complete all information requested on the form. Give the completed Form ST-129 to the operator of the hotel or motel upon check in or when you are checking out. You must also provide the operator with proper identification. Sign and date the exemption certificate. You may pay your bill with cash, with a personal check or personal credit card, with a government voucher, or with a government credit card.

**Note:** If, while on official business, you stay at more than one location, you must complete an exemption certificate for each location. If you are in a group traveling on official business, each person must complete a separate exemption certificate and give it to the hotel or motel operator.

#### To the hotel or motel operator

Keep the completed Form ST-129 as evidence of exempt occupancy by New York State and federal government employees who are on official business and staying at your place of business. The certificate should be presented to you when the occupant checks in or upon checkout. The certificate must be presented no later than 90 days after the last day of the first period of occupancy. If you accept this certificate after 90 days, you have the burden of proving the occupancy was exempt. You must keep this certificate for at least three years after the later of:

- the due date of the last sales tax return to which this exemption certificate applies; or
- the date when you filed the return

This exemption certificate is valid if the government employee is paying with:

- cash
- personal check or credit/debit card
- government voucher
- government credit card

Do not accept this certificate unless the employee presenting it shows appropriate and satisfactory identification.

**Substantial penalties will result from misuse of this certificate.**