

**BrainStorm Poconos 2024 - Hotel room rates**

Room rates are subject to change within 30 days of the event (starting Oct 17th)

**Attendee rates**

<u>Kalahari:</u>	<u>Nightly Rate (Friday through Tuesday)</u>	<u>Number of people Included</u>	<u>Number of people max</u>	<u>Cost of additional person per night</u>
Double Queen Sofa	\$ 159.00	4	6	\$ 50.00
Double Queen Sofa Balcony	\$ 159.00	4	6	\$ 50.00
2 Bedroom 2 Bathroom Balcony Suite	\$ 281.00	5	8	\$ 50.00
2 Bedroom 2 Bathroom Living Room Suite	\$ 349.00	5	8	\$ 50.00

\*\*\*Additional fee per night per person is \$50.

\*\*\*Rates do not include tax, which is 9%. If you are tax exempt please select it during the registration process and make sure to send the Kalahari your tax exempt form ahead of time and bring a copy when you check into the hotel. (See below.)

\*\*\*The above rates are for budgetary purposes and any add-on's, additional nights, or other factors that are selected during registration will affect your pricing.

**Paying with Purchase Order:**

If your organization would like to pay for your reservation using a purchase order, please submit the completed purchase order to us at [dellscallcenterfax@kalahariresorts.com](mailto:dellscallcenterfax@kalahariresorts.com) or by fax at (608) 254-6116 at least 30 days prior to arrival. In order to hold the reservation we will process the first night's deposit on the credit card on file until the Purchase Order has been received and approved. Please note that attaching this add-on does not guarantee the Purchase Order will be approved.

**Tax Exemption Status - ONLY for those with PA tax exempt status**

If your stay is being paid for or reimbursed by an organization that is exempt taxes, please send a completed PA state tax exempt form to us at [dellscallcenterfax@kalahariresorts.com](mailto:dellscallcenterfax@kalahariresorts.com) or by fax to 608-254-6116 with your confirmation number and contact information. Taxes will be charged until we receive and approve the form. In order to expedite your check-in we must receive the form 3 days prior to arrival. Please note that attaching this add-on does not guarantee the form will be approved.

**Letter of Authorization**

If the name on a Reservation is different than the name on the Credit Card used, and the owner of the Credit Card will not be at Check-in, the following steps are required:

1. Go to <https://www.kalahariresorts.com/media/nwrfpdpo/creditcard-authorization-form-november-2020.pdf> to open and print the Credit Card Authorization Form.
2. Complete the form in its entirety, including the signature of the credit card holder.
3. Obtain photocopies of the front and back of the credit card used to make the reservation as well as the credit card holder's photo ID. Please note that the back of the credit card must have the card holder's signature. The signature on the form must match the Signature on the Credit Card and Drivers License.
4. Please send the completed Letter of Authorization form, photocopies of the front and back of the credit card and card holder's ID to [dellscallcenterfax@kalahariresorts.com](mailto:dellscallcenterfax@kalahariresorts.com), or Fax them to: (608) 254-6116.
5. The completed Letter of Authorization form, photocopies of the front and back of the credit card and card holder's ID must be received more than 7 days prior to the arrival date to be accepted.