

Eliot Spitzer
Governor



Deborah VanAmerongen
Commissioner

New York State Division of Housing and Community Renewal
25 Beaver Street
New York, NY 10004

HOUSING MANAGEMENT BUREAU DEVELOPMENT # 2008-B-06

To: All Housing Companies
Owners, Managing Agents, and Site Managers

From: David Cabrera, Deputy Commissioner

Date: March 14, 2008

Subject: Housing Information and Resource Conference - 2008

Attached are the Informational Flyer and Registration Form for our Housing Information and Resource Conference scheduled to take place from April 2-4, 2008 at the Sagamore Hotel and Conference Center located on Lake George in Bolton Landing, New York.

The rates quoted on the attached Registration Form are based on a full conference package that includes:

- Overnight Accommodation and Service Charges for Wednesday and Thursday Nights
- Sagamore Welcome Buffet and Reception on Wednesday Night
- Continental Breakfast on Thursday
- AM Coffee Break on Thursday Morning
- Luncheon on Thursday
- PM Coffee Break on Thursday Afternoon
- Continental Breakfast on Friday
- AM Coffee Break on Friday

Please note that participants are responsible for making lodging arrangements directly with the hotel.

If you have any questions regarding this Conference, you may contact Linda Kedzierski, Federal Coordinator, at (212) 480 - 2021, or email her at LKedzierski@dhcr.state.ny.us.

A handwritten signature in black ink, appearing to read 'David B. Cabrera', written over a horizontal line.

David B. Cabrera



Housing Information and Resource Conference

Sponsored by

**The Office of Housing Operations
Division of Housing and Community Renewal**

April 2-4, 2008

*Sagamore Hotel and Conference Center
Bolton Landing (Lake George), New York*

Agenda

Day One – April 2, 2008

5:00 P.M. – 8:00 P.M.

Welcome Buffet and Reception

Speaker - Brian E. Lawlor

Executive First Deputy Commissioner

Day Two – April 3, 2008

8:00 A.M. – 9:00 A.M.

Morning Registration

9:00 A.M. – 10:00 A.M.

Breakfast

Introduction of Presenters – Linda Kedzierski

Federal Program Coordinator

10:00 A.M. – 10:15 A.M.

Morning Coffee Break

10:15 A.M. – 11:45 A.M.

Concurrent Workshops (*choose one*):

- Fair Housing
- Managing Properties with Multiple Subsidies
- New Protocols (*DHCR Fields Visits*)
- Preservation Strategies for Mitchel-Lama Housing Companies (Panel Discussion)

12:00 Noon – 1:30 P.M.

Commissioner's Lunch

Introduction – David Cabrera, *Deputy Commissioner*

Office of Housing Operations

Speaker – Deborah VanAmerongen

Commissioner

(Over)



1:30 P.M. – 3:00 P.M.

Concurrent Workshops (*choose one*):

- Face-to-Face with HUD
- Initiating Credits at Your Acquisition/Rehab Property
- Office of Fair Housing and Equal Opportunity
- Housing Preservation in Federally Assisted Mitchell-Lama and other Federally Assisted Properties

3:00 P.M. – 3:15 P.M.

Afternoon Coffee Break

3:15 P.M. - 4 :45 P.M.

Concurrent Workshops (*choose one*):

- The Cost/Benefit Equation of Refinancing
- Preparing for the REAC Inspection
- Effective Time Management
- Round Table Discussion

Day Three - April 4, 2008

8:00 A.M. - 9:00 A.M.

Breakfast

9:00 A.M. - 10:30 A.M.

Concurrent Workshops (*choose one*):

- A & E - We are Here for You
- (MOR) Management & Occupancy Review
- Managing Stress
- Case Studies in Mixed Finance and Refinanced Redevelopments (**Part-A**)

11:00 A.M. - 12:30 P.M.

Concurrent Workshops (*choose one*):

- Board of Directors in State-Supervised Mitchell-Lama Co-ops
- (MOR) Management & Occupancy Review
- New Protocols (**DHCR Field Visits**)
- Case Studies in Mixed Finance and Refinanced Redevelopments (**Part-B**)

Registration Information

A block of guest rooms has been reserved at the Sagamore Hotel and Conference Center for the nights of April 2nd through 4th. Since participants are responsible for making lodging arrangements directly with the hotel, please mail the attached registration form to **Sagamore Reservations Department, P.O. Box 450, Bolton Landing, NY 12814-0450; or fax this form to 518-743-6211.**

To learn more about the Sagamore you can visit their website at: www.thesagamore.com.

The total cost of the conference package is an approvable housing company expense chargeable to account **#6390**. Please register early since reservations will be accepted on a first-come-first-served basis.





**State of New York Division of Housing and Community Renewal
Office of Housing Operations
Wednesday April 2nd – Friday April 4th, 2008**

<u>RESERVATION INFORMATION (Please type or print legibly)</u>		Arrival Date _____ Departure Date _____
Accommodations will be occupied by:		Accommodations over the dates of this conference require a 2 night minimum stay)
Name(s): Mr. /Ms. /Dr. _____		# of Adults _____
Company _____		# of Children _____ Ages _____
Address _____		LIST ROOMMATE (Sending Separate Reservation Forms)
City _____ State _____ Zip Code _____		1. _____
Telephone (_____) _____ - _____ Ext _____		Fax (_____) _____ - _____

CUTOFF DATE: March 1st, 2008

Please reserve your room before the cutoff date indicated above, **by mailing or faxing** this completed form to the address listed at the bottom of this page. Reservations will not be accepted over the telephone until after the cutoff date, and then are subject to general availability.

Check-in time: 4:00pm Check-out time: 11:00am

CONFERENCE RATES:

Room Type	Single	Double/Per Person
___Lodge Room	\$430.00	\$620.00/\$310.00pp
___Lodge Suite	\$470.00	\$660.00/\$330.00pp
___Hotel Room	\$450.00	\$640.00/\$320.00pp
___Hotel Suite	\$490.00	\$680.00/\$340.00pp

All of our guestrooms and public areas are non-smoking.
There are a limited number of accommodations available within each room type category. When one category fills you will be assigned to the next category at the corresponding rate. Please label your choices in order of preference, #1 and #2. **See the back of this form for Room Type Descriptions. ** Please be aware that special requests such as location and/or bed type are fulfilled whenever possible, but are NOT GUARANTEED.**

CONFERENCE PACKAGE:

Special Package Rate includes accommodations for Wednesday 4/2 and Thursday 4/3, as well as the group dinner on Wednesday 4/2, group breakfasts on Thursday 4/3 and Friday 4/4, and the group lunch on Thursday 4/3. The Package rate includes all service charges for these meals and the resort service charge for the room. Rates are subject to 7% NYS Sales Tax & 4% Warren County Occupancy Tax, unless tax exempt status has been approved.

ADDITIONAL INFORMATION:
Please refer to the back of this form for additional information about The Sagamore and visit our web site at www.thesagamore.com

DEPOSIT POLICY:

All reservations must be secured with a deposit equal to total package price listed, which must include the service charges listed. The total deposit will be applied to your designated length of stay.

Please send a check, money order or indicate your credit card, date of expiration and amount to be charged below. Your credit card will be charged upon receipt of the information below.

Credit Card Company _____ Exp. Date _____

Account # _____ Amount _____

Security Code (Last three digits on back of card) _____

Name on Card _____

Signature _____

___ Please initial here if this card is not the attendee's and it is to be used for payment of the balance for this room reservation (excluding incidentals). **If so, the full amount due will be charged at time of booking.**

CANCELLATION POLICY:
Should you cancel more than 14 days prior to your arrival date, your deposit will be refunded less a \$35.00 processing fee. Should you cancel within 14 days of your arrival, or shorten your stay, it will result in forfeiture of your deposit.

TAX EXEMPT INFORMATION:

If your New York State tax exempt organization is paying for your stay, the following information applies:
A completed ST 119.1 form as well as a **copy of your form of payment** (Company Check or Company Credit Card) must be received with this form.

If paying by personal check, credit card or cash, the following information applies:
NYS Employees or Employees of its political subdivisions:
A completed AC-946 form must be received with this form. Proper identification will need to be shown at check-in.

US Government Employees:
A completed ST-129 form must be received with this form. Proper identification will need to be shown at check-in.