



# Grand Traverse Reservation Form

This form must be printed or typed!

MICHIGAN ASSOCIATION OF STUDENT COUNCILS  
MICHIGAN ASSOCIATION OF HONOR SOCIETIES



## STATE CONFERENCE

March 24-26, 2007



Mail payment and reservation form to:

Attn: Reservation Department  
100 Grand Traverse Village Blvd.  
PO Box 404  
Acme, MI 49610-0404  
Phone: 1-800/968-7352

Fax Reservation form to:

FAX: (231) 534-6671

CHECK-IN TIME: 4 PM

CHECK-OUT TIME: 11 AM

NAME: \_\_\_\_\_

TOTAL NUMBER IN PARTY: # \_\_\_\_\_ ADULTS #: \_\_\_\_\_ CHILDREN #: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOW YOU WOULD LIKE TO RECEIVE YOUR CONFIRMATION?  E-MAIL  POSTAL MAIL

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

**A CREDIT CARD, MONEY ORDER OR CHECK MUST ACCOMPANY THIS FORM IN ORDER TO GUARANTEE YOUR RESERVATION.**

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

*Cancellation and/or changes affecting arrival/departure dates must be made 72 hours prior to arrival date in order to avoid any penalty charges.*

If at time of check-in you wish to pay for your room with cash or check, we require the full amount for ROOM/TAX and RESORT FEE for your entire stay. In addition to the full amount we also require a \$40.00 cash deposit for incidentals. Any unused portion will be refunded at time of departure.

CARD HOLDERS NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
*(Please print)*

ACCOMMODATION REQUEST: All reservation requests must be received by 2/23/07. Reservation requests received after 2/23/07 will be made based upon availability. Rates are based on single to quad occupancy.

- HOTEL: \$100.00
- TOWER: \$130.00
- 1 BED CONDO: \$140
- 2 BED CONDO: \$168
- 3 BED CONDO: \$228

Rates are subject to a 3.5% increase from this date of printing (3/23/06). Rates are subject to a 6% state and 2% local tax. If tax exempt, please provide a copy of your tax-exempt certificate or verification of your federal ID number on your organizations letterhead. If tax exempt, can only pay with school check or school credit card.

The daily resort fee of \$8.50 per room, per night, which includes: Bellstand Gratuities, Daily Housekeeping Gratuities, In-room Coffee Makers, Entrance into the Spa Complex and Airport Shuttle Transportation has been included within the rates above.

SPECIAL REQUESTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Grand Traverse Rooming List Form

*This form must be printed or typed!*

## STATE CONFERENCE

March 24-26, 2007

Include this Rooming List with your Reservation Form. **DEADLINE: February 23, 2007.**

School: \_\_\_\_\_

Adviser(s): \_\_\_\_\_

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

**ROOM TYPE:**     HOTEL: \$100.00     1 BED CONDO: \$140  
 TOWER: \$130.00     2 BED CONDO: \$168     3 BED CONDO: \$228

NAMES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ROOM TYPE:**     HOTEL: \$100.00     1 BED CONDO: \$140  
 TOWER: \$130.00     2 BED CONDO: \$168     3 BED CONDO: \$228

NAMES: \_\_\_\_\_  
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\_\_\_\_\_  
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**ROOM TYPE:**     HOTEL: \$100.00     1 BED CONDO: \$140  
 TOWER: \$130.00     2 BED CONDO: \$168     3 BED CONDO: \$228

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**ROOM TYPE:**     HOTEL: \$100.00     1 BED CONDO: \$140  
 TOWER: \$130.00     2 BED CONDO: \$168     3 BED CONDO: \$228

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**ROOM TYPE:**     HOTEL: \$100.00     1 BED CONDO: \$140  
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