

Please note any special requests for meals:

(i.e., handicap accessibility or food allergies)

DAY MEETING REGISTRATION FORM, BOOKING #16008

MN HOSPITAL ASSOCIATION - Day Meeting Package

Arrival: Wednesday, September 21, 2016 Departure: Friday, September 23, 2016

____ Visa ___ MasterCard ___ Discover ___ AmEx

Exp Date:_____ Code:_____ Signature:_____

Card # _____

INSTRUCTIONS	ATTENDEE INFORMATION
Fill out form, then print.	
Fax form to secure fax with credit card information.	Name:
Mail form to Madden's on Gull Lake with a check.	Company Name:
Madden's on Gull Lake	Address:
Attn: Reservations	
11266 Pine Beach Peninsula	City:State:Zip:
Brainerd, MN 56401	Day Phone:
Secure Fax: (218) 293-4517	Email:
Pre-register for meals by September 6, 2016	
SELECT	YOUR MEALS
Please enter the number	people for each meal ordered.
	440.50
Wed, Sept 21st Breakfast:	\$18.52 per person
Wed, Sept 21st Lunch:	\$24.08 per person
Wed, Sept 21st Dinner:	\$43.22 per person
Thu, Sept 22nd Breakfast:	\$18.52 per person
Thu, Sept 22nd Lunch:	\$24.08 per person
Thu, Sept 22nd Dinner:	\$43.22 per person
Fri, Sept 23rd Breakfast:	\$18.52 per person
Total meal o	charges:
Prices listed include applicable t	ax. NO meal tickets will be sold on site.
DAY MEETING PACKAGE	PAYMENT INFORMATION
The Day Meeting Package provides for your	Full payment is required at time of request.
participation in your group's meetings as a DAY VISITOR	Mail form with check to Madden's on Gull Lake
at Madden's on Gull Lake. The package includes	Fax form with credit card information
parking and general access to Madden's Conference	Credit card will be charged the full deposit upon
Center.	receipt of form. For your protection, do not mail credit
ADDITIONAL INFORMATION	card information.