	GROUP	RESERVATION FORM, BOOKING #17966
		2016 INNOVATE CONFERENCE
on Gull Lake Ar		val: Wednesday, September 14, 2016
		eparture: Friday, September 16, 2016
INSTRUCTIONS		PACKAGE DESCRIPTION & RATES
Fill out form, then print. Mail form with a check to Madden's on Gull Lake or Fax Form with Credit Card information to secure fax number below.		2-NIGHT LODGING RATES \$367.96 per room, Run of House Rooms
Madden's on Gull Lake Reservations Department 11266 Pine Beach Peninsula		\$516.16 per room, Luxury Suites
Brainerd, MN 56401 Secure Fax: (218) 293-4517 Registration deadline is August 16, 2016 ATTENDEE INFORMATION		2 Night lodging package includes guest room, use of beaches, swimming pools, sauna, whirlpool, fitness center, business center, service charge and applicable sales tax.
Name: Company Name:		
Address: City:State:Zip: Day Phone:		All rates are <b>per room</b> ; We will strive to honor all lodging requests, however, rooms will be assigned based on the amount of guests staying in a room. For your safety and
Email:		security, Madden's does not assign roommates. If
SHARE WITH:		additional occupant(s) are not indicated, you may be
Registering now Separately		assigned a guest room with one bed. Any reservation
Name:		requests received after August 16, 2016 will be
Company Name:		accepted on a space available basis only.
Address:		
City:State:Zip:		PAYMENT INFORMATION
Day Phone: Email:		
CANCELLATION POLICY		The full package payment is required at time of reservation request.
You are responsible for your entire stay; early departures or reservations reduced in length are not refundable. Package payments are refundable, less a \$25 cancellation fee if you cancel by August 16, 2016. Any cancellations made after August 16, 2016 will not receive a refund (replacements are gladly accepted). Reservations made after the deadline are non- refundable.		<ul> <li>Mail form with check to Madden's on Gull Lake</li> <li>Fax form with credit card information</li> <li>Credit card will be charged the full deposit upon receipt of form. For your protection, do not mail credit card information.</li> <li>Visa MasterCard Discover AmEx</li> </ul>
		Card #
ADDITIONAL INFORMATION		Exp Date: Code:
Please note any special requests for lodging or meals: (i.e., handicap accessibility or food allergies)		Signature: