



Check in: 4:30 pm

GROUP RESERVATION FORM, BOOKING #19760

NCTA MEETING - Vendor Reservations

Arrival: Wednesday, October 5, 2016

Departure: Friday, October 7, 2016

INSTRUCTIONS

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.

Madden's on Gull Lake
Reservations Department
11266 Pine Beach Peninsula
Brainerd, MN 56401
Secure Fax: (218) 293-4517

Registration deadline is September 8, 2016

ATTENDEE INFORMATION

Name:
Company Name:
Address:
City: State: Zip:
Day Phone:
Email:

SHARE WITH:

Registering now Separately
Name:
Company Name:
Address:
City: State: Zip:
Day Phone:
Email:

CANCELLATION POLICY

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 September 8, 2016. Any cancellations made after September 8, 2016 will not receive a refund (replacements are gladly accepted). Reservations made after the deadline are non-refundable.

ADDITIONAL INFORMATION

Please note any special requests for lodging or meals: (i.e., handicap accessibility or food allergies)

PACKAGE DESCRIPTION & RATES

MISSION POINT 2Q LODGING RATES:

ARRIVAL DAY/DATE

CHECK OUT DAY/DATE

\$380.12 per room, for two nights
\$190.06 per room, for one night

Lodging package includes lodging, use of beaches, swimming pools, sauna, whirlpool, fitness center, business center, service charge and applicable sales tax.

All rates are per room; For your safety and security, Madden's does not assign roommates. If additional occupant(s) are not indicated, you may be assigned to a room with one bed. Any reservation requests received after September 8, 2016 will be accepted on a space available basis only.

PAYMENT INFORMATION

The full package payment is required at time of reservation request.

Mail form with check to Madden's on Gull Lake
Fax form with credit card information

Credit card will be charged the full deposit upon receipt of form. For your protection, do not mail credit card information.

Visa MasterCard Discover AmEx

Card #

Exp Date: Code:

Signature: