



Check in: 4:30 pm

GROUP RESERVATION FORM BOOKING #20565

HEALTHSOURCE REGIONAL SUMMIT

Arrival: Friday, October 13, 2017

Departure: Saturday, October 14, 2017

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 12, 2017

GUEST INFORMATION

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

ADDITIONAL OCCUPANTS

Adults:
Children's names & ages:

CANCELLATION POLICY

You are responsible for your entire stay; early departures or reservations reduced in length are not refundable. Deposits are refundable, less a \$25 cancellation fee if you cancel by September 12, 2017. Any cancellations made after September 12, 2017 will not receive a refund. Reservations made after the deadline are non-refundable.

ADDITIONAL INFORMATION

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

PACKAGE DESCRIPTION & RATES

Run of House Rooms

\$150.78 per night, including tax.

Suite Upgrade

\$201.46 per night, including tax.

Two-Bedroom Cabin

\$301.55 per night, including tax.

Arrival Date

Number of Nights

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

All rates are per room; We will strive to honor your first choice, however, rooms will be assigned according to the number of people indicated. For your safety and security, Madden's does not assign roommates. If additional occupants are not indicated, you may be assigned a room with one bed. Any reservation requests received after September 12, 2017 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 required amount upon receipt of form. For your protection, do not mail credit card info.

Visa MasterCard Discover AmEx

Card #

Exp Date: Code:

Signature: