



Check in: 4:30 pm

GROUP RESERVATION FORM, BOOKING #20512

ESSENTIA HEALTH SPRING CONFERENCE

Arrival: Thursday, April 26, 2018

Departure: Friday, April 27, 2018

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: March 27, 2018

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: _____

ADDITIONAL INFORMATION

Please note any special requests; (i.e., lodging accessibility, Addtl names or food allergies)

LODGING RATES

___ \$132.08 Run of House/Standard Room

Lodging package includes use of beaches, swimming pools, saunas, whirlpools, fitness center and business center.

All rates are **per room, per night**; We will strive to honor any lodging requests, however, rooms will be assigned based on the number of guests staying in a room. For your safety and security, Madden's does not assign roommates. If additional occupant(s) are not indicated, you may be assigned a room with one bed. Any reservation requests received after March 27, 2018 will be accepted on a space available basis.

CANCELLATION POLICY

Package payments are refundable, less a \$25 cancellation fee if you cancel by March 27, 2018. Any cancellations made after March 27, 2018 will not receive a refund (replacements are gladly accepted). Reservations made after the deadline are non-refundable.

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: _____