	GROUP RESERVATION FORM, BOOKING #20194		
MN ADMINISTR		RATORS FOR SPECIAL EDUCATION (MASE)	
		al: Wednesday, May 9, 2018 for Dinner	
Check in: 4:30 pm	Departure: Friday, May 11, 2018 after breakfast		
INSTRUCTION	6	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. Madden's on Gull Lake Reservations Department 11266 Pine Beach Peninsula Brainerd, MN 56401		2-NIGHT LODGING & 4 MEAL PACKAGE: Run of House Rooms \$547.32 Single Occupancy, per person \$354.77 Multiple Occupancy, per person Two-bedroom cabins require 3 or more people to	
			qualify for multiple occupancy rate.
		Secure Fax: (218) 293-4517 Registration deadline is April 10, 2018	
ATTENDEE INFORMATION Name:			
		All rates are per person ; the multiple occupancy rate requires 2 or more conference attendees sharing a room. We will strive to honor your 1st choice, however, rooms will be assigned based on the number of guests staying in a room. If additional occupant(s) are not indicated, we will assign a single room with a <i>single</i> <i>occupancy rate</i> . Any reservation requests received after April 10, 2018 will be accepted on a space available basis only.	
Email:		EARLY ARRIVAL TUESDAY, MAY 8	
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 April 10, 2018. Any cancellations made after April 10, 2018 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., lodging accessibility or food allergies)		\$136.37 per room, lodging only, including tax.	
		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:	