| | GROUP RESERVATION FORM, BOOKING #20249 | | | | |
|--|--|--|-----------------------------|---------------|---------------------|
| A Madder's on Gull Lake | MINNESOTA HOSPITAL ASSOCIATION | | | | |
| on Gull Lake | Arrival: Tuesday, September 18, 2018 | | | | |
| Check in: 4:30 pm | | | | | |
| INSTRUCTIONS | | Departure: Friday, September 21, 2018 PACKAGE DESCRIPTION & RATES | | | |
| | | | | | |
| Fill out form, then print. Mail form with a check to | | 3-NIGHT SEVEN MEAL PACKAGE: | | | |
| Madden's on Gull Lake or Fax Form with Credit Card information to secure fax number below. | | Wednesday breakfast thru Friday breakfast | | | |
| | | \$919.80 Single Occupancy, per person | | | |
| Madden's on Gull Lake | | \$577.71 Multiple Occupancy, per person | | | |
| Reservations Departmen | t | | | | |
| 11266 Pine Beach Peninsula | | 2-NIGHT FIVE MEAL PACKAGE: | | | |
| Brainerd, MN 56401 | | Wednesday dinner thru Friday breakfast | | | |
| Secure Fax: (218) 293-4517 | | \$651.24 Single Occupancy, per person | | | |
| Registration deadline is August 21, 2018 | | \$428.24 Multiple Occupancy, per person | | | |
| ATTENDEE INFORMAT | | | | - J / I - I | |
| Name: | | Deekegeine | luda ladaina ma | | atad Tappia 8 |
| Company Name: | | Package includes lodging, meals as indicated, Tennis & Croquet Club, non-motorized watercraft, green fees fo | | | |
| Address: | | MHA's golf event, service charge and applicable sales | | | |
| | | ivii ii to goin t | tax. | ge and app | |
| City:State: | _zip | | | | |
| Day Phone: | | All rates are | e per person ; the n | nultiple occ | upancy rate |
| Email: | | | or more conference | | |
| SHARE WITH ANOTHER AT | TENDEE: | room. We v | vill strive to honor y | our 1st choi | ce, however, |
| Registering now Separately Name: | | | e assigned based | | - |
| | | | in a room. For you | 5 | 5 |
| Company Name: | | Madden's does not assign roommates. If additional | | | |
| Address: City:State:Zip: | | occupant(s) are not indicated, we will assign a single | | | |
| Day Phone: | | room with a single occupancy rate. Any reservation requests received after August 21, 2018 will be | | | |
| Email: | | accepted on a space available basis only. | | | |
| SHARING ROOM WITH NON-CON | IFERENCE GUEST | 4000 | | | sis offiy. |
| Spouse/Guest name(s): | | ALTERNATE PACKAGE OPTION | | | |
| | | - | \$746.25 Three N | lights | |
| | | \$506.79 Two Nights | | | |
| | | - | \$267.33 One Ni | ght | |
| CANCELLATION POL | ICY | Includes lo | dging and Thursda | vlunch at t | ne Town Hall |
| | | | or's Ballroom. Call 8 | | |
| You are responsible for your entire stay; early departures or reservations reduced in length are not refundable. Package payments are refundable, less a | | availability. | | | |
| | | PAYMENT INFORMATION | | | |
| \$25 cancellation fee if you cancel l | | | | | |
| Any cancellations made after Aug | | | age payment is re | quired at tir | ne or |
| receive a refund (replacements are gladly accepted). Reservations made after the deadline are non- refundable. | | reservation request. Mail form with check to Madden's on Gull Lake | | | |
| | | | | | |
| | | Credit card will be charged the full deposit upon | | | |
| | | ADDITIONAL INFORMA | | receipt of fo | orm. For your prote |
| Please note any special requests for | lodging or | | card inform | ation. | |
| meals: (i.e., lodging accessibility or fo | ood allergies) | Visa | _MasterCard | Discover _ | AmEx |
| | | Card # | | | |
| | | | | | |

Lodging at Madden's will be confirmed once your conference registration with MN Hospital Association is confirmed. We reserve the right to make overflow reservations at a neighboring property, if necessary.

Signature: