

GROUP RESERVATION FORM, BOOKING #21531

MN CHAMBER OF COMMERCE FALL CONFERENCE

Arrival: Wednesday, September 25, 2019 Departure: Friday, September 27, 2019

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 dead	line: August 28, 2	2019		
A	TTENDEE INFOR	MATION		
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:			-	
AD	DITIONAL INFO	RMATION		
	e any special rec			
accessibil	ity, Addtl names	or food allergi	es)	

LODGING RATES

Voyageur Rooms

\$261.02 per room, including tax for two nights

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

All rates are **per room**. We will strive to honor any lodging requests, however, rooms will be assigned based on the number of quests 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 August 28, 2019 will be accepted on a space available basis.

CANCELLATION POLICY

Package payments are refundable, less a \$25 cancellation fee if you cancel by August 28, 2019. Any cancellations made after August 28, 2019 will not receive a refund (replacements are gladly accepted). Reservations made after the deadline are nonrefundable.

PAYMENT INFORMATION

The full package payment is required at time of

reservation re	quest.			
Mail form	with check to	Madden's or	n 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	

visa Masiercara	DISCOVEI ATTILX
Card #	
Exp Date:	Code:
Signature:	