

## Group Name: Federal Bar Association Dates: July 29, 2015-August 1, 2015

Group #: 45Q8MX Issued: 2/26/15

Reservations may be made utilizing this form or by booking online at <u>http://www.crystalmountain.com/grouplodging</u> utilizing group code **45Q8MX**. Reservations must be made by **June 29, 2015**, reservations received after this date will be taken on a space-available basis. If room type requested is not available, the next available room type and rate will be confirmed. Crystal Mountain does it's best to accommodate requests, however cannot guarantee specific rooms/units. Please inquire with reservation staff for additional unit types available beyond those listed.

	Check-out:	11:00am
Single/Double	Single/Quad	Indicate 1 <sup>st</sup> & 2 <sup>nd</sup>
Rate	Rate	Choice
\$ 189		
\$ 219		
\$ 259		
	\$ 339	
	\$ 339	
	\$ 449	
	\$ 449	
	\$ 549	
	\$ 549	
	\$ 629	
	\$ 709	
	\$ 709	
	\$ 709	
	Rate \$ 189 \$ 219	Single/Double Rate   Single/Quad Rate     \$ 189   ************************************

\*Quoted rates are subject to 6% state tax, 2% local assessment and 9% service fee.

Package Includes: Lodging Only (per unit, per night)

• Up to 2 children ages 17 & under sleep free when occupying same room with 1 paying adult.

231-378-4879

Fax:

• There is a \$20.00 plus tax, per person, per night charge for additional adults above the quoted occupancy.

• Credit card imprint is required at check-in for all guests.

• There are no refunds on unused portions of lodging or package stays.

**Deposit** / **Cancellation Policy:** A deposit equal to the first night's lodging is required with each reservation. Please make check or money order payable to Crystal Mountain or include a credit card number below. Do not send cash. Deposit is fully refundable if cancellation is made 14 days prior to your arrival date. If cancelled or changed within 14 days of arrival, you are responsible for your entire lodging or package stay.

Group #: 45Q8MX		Please Print			
Arrival Date:	Departure Date:	Number of:	Adults in Party:	Children 17 8	under:
Mr. Mrs. Ms. Dr.(	circle one): Name :				
Address:					
City:		_ State: Z	۲ele ۲ele	phone #:	(Home)
E-mail Address:					(Work)
Conference attendee	s sharing same room:				
Special requests: (ha	andicap accessible, etc.):				
Would you like to be	contacted for dining, less	son, recreation, tee time o	or spa reservations?	Yes	No
-					
Tax exempt individua   2% local assessment   organizations) and ind   fee.)   Agency checl   Agency credii	al: If your agency is tax exe and 9% service fee. Please icate your method of payme	empt you may qualify for exe e include a state tax exemp ent below. (Personal funds JST include credit card auth	emption from the 6% st t form #3372, (IRS auth s do not qualify for exem horization form).	tate use tax; reservatior norized letter with 501(c nption from state tax, loo	ns are <u>not</u> exempt from the )(3) or 501(c)(4) cal assessments or service
AUTHORIZATION NC	<u>TE:</u> I authorize and acknow	wledge that all of the charge	es below will be proces	sed to my payment care	d as detailed above.
Credit Card #:		Exp	iration Date:/	Billing Zip Code	:
	s name as it appears on C copy MUST be presented a				
Please mail or fax to	Crystal Mountain	~ 12500 Crystal Mountair	n Drive ~ Thompsonvi	ille, MI 49683	

Phone: 231-378-2000

Reservations Only: 855-520-2974