



U of M Medical School (243871)

June 14-19, 2015

SHANTY CREEK RESORTS\*
SUMMIT · SCHUSS · CEDAR RIVER

Reservations Must Be Received By: May 17, 2015

Reservation requests received after this date will still be accepted provided rooms are available.

PLEASE RETURN THIS FORM BY MAIL (OR) FAX TO:

Reservations Department • Shanty Creek Resorts
5780 Shanty Creek Road • Bellaire, MI 49615
Fax: 231.533.7004
Check-in begins at 5pm, Check-out is 12 Noon.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Confirmation Email: \_\_\_\_\_ Fax: \_\_\_\_\_

You are welcome to arrive early or extend your stay following this scheduled event. At times specified accommodations are not available prior to or following your event. If the room type requested is not available, we reserve the right to assign the next available room type and rate.

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ # Adults: \_\_\_\_\_ # Children: \_\_\_\_\_

Table with 6 columns: Quantity, Room Type, 1 Adult, 2 Adults, 3 Adults, 4 Adults. Rows include Guest Room (2 Beds), Parlor Studio (King Bed), 1 Bedroom Condo, and 2 Bedroom Condo (Up to 4 People).

Additional guest fee is \$15.00 per person, per night. Children under 18 may stay free in their parents' room using existing bedding. The above rates are per room, per day, plus 6% state tax, 9% resort fee and 5% TCCVB fee.

IF YOUR ORGANIZATION IS STATE TAX EXEMPT YOU MUST FURNISH A COPY OF THE STATE TAX EXEMPTION CERTIFICATE WHEN MAKING YOUR RESERVATIONS.

THIS FORM MUST BE MAILED OR FAXED IN TO RECEIVE THE GROUP DISCOUNTED RATES.

Deposit Policy: You must guarantee your room reservation with a major credit card or a check for deposit of 1st nights lodging. Credit card WILL BE charged for the above deposit. Use of Debit cards at the resort for lodging or deposits may cause your financial institution to put a hold on your account for the total amount of the stay plus a \$50.00 per night incidental charge. The resort is not responsible for returned check fees resulting from this practice by your financial institution. Refund of your deposit will be made if cancellation occurs at least 5 days prior to arrival, less a \$10 handling fee.

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If Mailing a Check, Please Note on the Line Above. Your reservation will be held for 10 days pending receipt of the check. If credit card deposit is made and organization pays in full by check refunds of credit card are subject to a \$10.00 handling fee.

Signature (Required): \_\_\_\_\_ Printed Name \_\_\_\_\_

Do you have any special lodging requests? Barrier Free: \_\_\_ Other (Please Indicate): \_\_\_\_\_

We do our best to honor special requests, however we cannot guarantee them.

FOR QUESTIONS OR FOR MORE INFORMATION, PLEASE CALL 800.678.4111