DOUBLETREE·
HOTEL
BAY CITY · RIVERFRONT

Reservation Request Form For:

MHSLA-September 25th-28th, 2007

Group Room Rate: $94.00 plus 8% tax per room, per night
Cut Off Date: September 5th, 2007

Please Note: Reservation request must be received in our office by the above date in order to guarantee the group rate. Request received after the above date will be subject to availability and the group rate is not guaranteed. All reservation requests must be accompanied by a first night room deposit, or guaranteed by a major credit card. Rooms will not be reserved unless secured by one of the above methods.
Check-In Time is after 3:00PM ********** Check-Out Time is Noon

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GUESTROOM PREFERENCE (Subject to Availability)

If more than one room is requested, please enclose a list of names and addresses, indicating which guests share rooms. You will receive a confirmation letter within 7 business days at the address you provide to us. If you would like your confirmation letter faxed to you instead, please list the appropriate fax number in the space provided below.

NUMBER OF PEOPLE IN YOUR GUESTROOM:_____

# of Rooms   **Smoking Preference (Mark with an X)**

_____   Standard Room – 2 Beds   _____   Non-Smoking

_____   Standard Room – King Bed   _____   Smoking

Special Requests (Mark with an X) _____ Handicap Accessible _____ Hearing Impaired

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GUEST INFORMATION

NAME: _____

ADDRESS:_____

CITY_____STATE_____ZIP_____

PHONE: _____   FAX: _____

ARRIVAL DAY/DATE: _____**DEPARTURE DAY/DATE:** _____

CREDIT CARD NUMBER: _____EXP DATE: _____

NAME OF CARD HOLDER: _____

OR CHECK OR MONEY ORDER ENCLOSED IN THE AMOUNT OF: _____

Signature: _____

Mailing Information:
Doubletree Hotel Bay City Riverfront
Attn: Reservations Department
One Wenonah Park Place, Bay City, Michigan, 48708
Phone: 989-891-6000 or 800-222-TREE Fax: 989-891-9690 OR go to the web address listed below for reservations
www. baycityriverfront.doubletree.com Code: MHS