

To reserve your overnight accommodations or modify an existing reservation, please complete this form and fax or mail it by 3/7/17 *to*: Soaring Eagle Casino and Resort, 6800 Soaring Eagle Boulevard, Mt. Pleasant, MI 48858, Attention: Room Reservations, FAX # (989) 775-5686. Please print your information clearly. You may also reserve accommodations at www.soaringeaglecasino.com, BOOK ROOM, Group Code: MPMCA032817 or call 877-232-4532, Opt.# 1 for Reservations. For prompt confirmation, please completely fill out form.

## **Michigan Plumbing and Mechanical Contractors Association** Arrive: Tuesday, March 28, 2017 - Depart: Thursday, March 30, 2017

Name of guest(s) occupying the room:							
Address:							
City: St			State: Zip Code:				
Phone: Daytime ( )			Fax #: ( )				
Arrival Date:			Departure Date:				
Player's Club Number			E-Mail Address:				
<u>Please rank the room ty</u> **Rates quoted are per 1		Ve cannot	guarantee bed	ding preferenc	ce. (Please n	nark 1 <sup>st</sup> and 2 <sup>nd</sup> choice)	
(\$125.00) First Class Room – 1 King Bed (\$125.00) First Class Room – 2 Queen Beds			There will be a \$10.00 per person charge nightly for the third and fourth person in a room over the age of 6.				
Please circle any special r but we cannot guarantee v						and Non-smoking, are note your requests.	ed.
Smoking	Non-Smoking	Barrier	Free Room	Accessible	Shower	Hearing Accessible	
How many adults in room?		How m	any children?		Ages		
copy of the Sales Tax Exem with the accompanying res exemption with the SCIT, I be paid for with personal for	aption Certificate form # ervation form. Form #70 please visit our website <u>w</u> unds. Tax exempt status paranteed with an advanc	700, genera 0 must be in www.soari must be res e payment o	ted by the Sagin n the organization ngeaglecasin olved 72 hours p of either a check	aw Chippewa In on's name. For <u>o.com</u> and click orior to the day or credit card f	ndian Tribe ( information on Groups. of arrival. Cor a minimu	Tax exempt reservations can m of one night's lodging alor	me nnot
Credit Card Number:							
Expiration Date:	Туре		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	):			
Please mark one choice:							
Bill Credit Card for all nights	s at this time	OR	Bill Credit Ca	ard for 1 <sup>st</sup> night o	nly at this tim	ie	
Name of Cardholder:							
Signature:							

You will receive a confirmation letter within 7-10 business days at the address listed above. If you would like your confirmation letter e-mailed to you instead, please list the appropriate e-mail address and check the box next to it. You should receive your confirmation e-mail within 72 hours.

Please make sure your reservation request reaches the Resort by the date listed above to apply for a room that is held by the Group Block. After the date listed above, or should the Group Block be filled, rooms will be reserved based on availability. Group rates cannot be guaranteed. Reservations cancelled by 6:00 p.m., 3 days prior to arrival, will receive a full refund.