CENTRAL
RESERVATION OFFICE
(800)833-7711Fax
(989)732-
9858**RESERVATION
FORM**

MISSION POINT RESORT

Welcomes

ELDER LAW & ADVOCACY SECTION
September 12-14, 2006

Special group rates are as follows:

$129.00 per room, per night, single - double occupancy

$20.00 additional per person, per night, for triple - quad occupancy

* All room rates are subject to 6% State of Michigan sales tax, 8% Resort levy and a $4.00 per person luggage charge

- An advanced deposit of one night's room and tax charge is required to confirm your reservation. Please fax the attached form and deposit to Mission Point Resort Reservation Department.
- Mission Point Reservations will only take credit cards (no checks), please provide all necessary information and the deposit will automatically be charged to your account. Mission Point Resort accepts *Visa, MasterCard, American Express* and *Discover.*
- In case of cancellation, reservations must be canceled in writing at least 21 days prior to arrival to receive full refund.
- Guest rooms are subject to availability. If room is not available at rate requested, reservations will be made at nearest available rate.

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ELDER LAW & ADVOCACY SECTION
SEPTEMBER 12 -14, 2006

Name ________________________________ **Credit Card #** ________________________________

Address ______________________________ **Credit Card Type** _____________________________

City _________________________________ **Expires** _____________________________________

State __________________ **Zip** ___________ **Signature** __________________________________

Telephone # ___________________________ **Email**__________________________ (for conformation)

Arrival Date: _____________________________ **Departure Date:** ______________________________
Check-in time is 3:00pm **Check-out time is 11:00am**

# of adult(s) in room _________ **Room type requested: single, double, triple, quad.**
# of children in room ___________ *(16 or under)* **(***Please circle one)*

Share with:
1.__________________________ 2. __________________________ 3. __________________________

Special room accommodations needed: ___________________________
(please specify)
* Room reservation will be subject to availability