



To reserve your overnight accommodations or modify an existing reservation, please complete this form and fax or mail it by 9/17/14. **(PHONE RESERVATIONS WILL NOT BE ACCEPTED)** 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: **9992F2**. For prompt confirmation, please completely fill out form.

Michigan Ambulatory Surgery Association

Arrive: Wednesday, October 8, 2014 - Depart: Friday, October 10, 2014

Name of guest(s) occupying the room: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Daytime () _____ Fax #: () _____

Arrival Date: _____ Departure Date: _____

Player's Club Number _____ E-Mail Address: _____

Please list the room type you would prefer (Please mark 1st and 2nd choice)

Smoking and Non-Smoking rooms are available, however, we cannot guarantee which type you will receive. We will do our best to accommodate all of your requests. ****Rates quoted are per night.****

- _____ (\$115.00) First Class Room – 1 King Bed
- _____ (\$115.00) 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.

All rates are subject to a Tribal tax. If this reservation is being paid for by tax exempt organization funds, then, a copy of the Sales Tax Exemption Certificate form # 700, generated by the Saginaw Chippewa Indian Tribe (SCIT), must be sent at the time with the accompanying reservation form. Form #700 must be in the organization's name. For information on how to apply for tax exemption with the SCIT, please visit our website www.soaringeaglecasino.com under Hotel Conference Center. Tax exempt reservations cannot be paid for with personal funds. Tax exempt status must be resolved 72 hours prior to the day of arrival.

With the following requests:

_____ Smoking _____ Non-Smoking _____ Barrier Free Room _____ Hearing Accessible Room

How many adults in room? _____ How many children? _____ Ages _____

All reservations must be guaranteed with an advance payment of either a check or credit card for a minimum of one night's lodging along with this form. If you are using a credit card, your card will be charged for the advance payment at the time this reservation is made.

Credit Card Number: _____

(Diners Club)

Expiration Date: _____ Type of Card (MC/Visa/Amer Exp): _____

Please mark one choice:

Bill Credit Card for all nights at this time _____ OR Bill Credit Card for 1st night only at this time _____

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 e-mailed to you instead, please list the appropriate e-mail address and check the box next to it. You should receive your e-mailed confirmation 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.

Check-In time is after 4:00 p.m.

Check-Out time is 11:00 a.m.

*****Please, One (1) room reservation per Group Reservation Request Form**