

School Nutrition Association of Michigan

Radisson Hotel Reservation Form

October 15 - October 18, 2009
111 N. Grand Avenue, Lansing, MI 48933
phone: (800) 333-3333 fax: (517) 487-6646

Please use this form when submitting your overnight guestroom reservations. The reservation form may be submitted by using the information above (via mail, fax, or phone) and specifying group name and dates in Lansing, Michigan or by logging on to our web address at www.radisson.com/lansingmi. Use the Promotional Code: SNAM09 to receive your discounted group rate. Reservations made after September 15, 2009 will be accepted on a space availability basis only.

FLAT RATE: **129.00***

*Rate does not include 13% tax.

Arrival Date _____ Departure Date _____

CHECK IN IS 5:00 P.M. - CHECK OUT IS 12:00 NOON
CHECK TYPE OF ROOM - REQUESTED

SINGLE (1 person / 1 bed) DOUBLE (2 persons / 1 bed)
 DOUBLE (2 person / 2 beds) QUAD (3-4 persons / 2 beds)

HOTEL SHOULD CONFIRM THIS RESERVATION TO:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

RESERVATIONS MUST BE ACCOMPANIED BY A CHECK FOR ONE NIGHT'S DEPOSIT OR CREDIT CARD NUMBER. CREDIT CARD WILL BE CHARGED ONE NIGHT'S DEPOSIT AT TIME OF RESERVATION.

Check Visa MasterCard AmEx Discover

Number _____ Expiration Date _____

Signature _____

Reservations not cancelled 48 hours prior to the day of arrival will be charged one night's room and tax.

SPECIAL ROOM REQUEST: _____