



Group Name: Michigan Career Placement Association
Dates: June 14, 2009-June 17, 2009

Group #: 45B1TA
Issued: 12/9/08

Reservations may be made utilizing this form or by booking online. Reservations must be made by **May 15, 2009**. Reservations received after this date will be taken on a space-available basis. To make an online reservation, go to <http://www.crystalmountain.com/grouplodging>. Use **45B1TA** for your password.

Accommodations: Please indicate your 1st and 2nd lodging preference below. If room type requested is not available, the next available room type and rate will be confirmed. **We cannot guarantee specific rooms/units.** Additional unit types are available beyond those listed. Please inquire with reservation staff for additional options.

Check-in: 4:00pm

Check-out: 11:00am

Room	Single / Double Rate	Single / Quad Rate	Indicate 1 st and 2 nd Choice
Guest Room (One Queen Bed)	\$ 119		
Hotel Room	\$ 139		
Suite	\$ 169		
Two Bedroom Condo		\$ 229	
Four Bedroom Resort Home		\$ 319	

Quoted rates are subject to 6% state tax, 2% local assessment and 8% service fee.

Package Includes: Lodging Only (per unit, per night)

- Up to 3 children ages 17 & under sleep free when occupying same room with 2 paying adults.
- **There is a \$20.00 per person, per night charge for additional adults above the quoted occupancy.**
- All units are non-smoking. Decks are available upon request, based on availability.
- Credit card imprint is required at check-in for all guests.
- **There are no refunds on unused portions of lodging or package stays.**

Deposits: A deposit equal to the first night's lodging is required with each reservation. Please make check or money order payable to Crystal Mountain or include a credit card number. Do not send cash.

Tax exempt individuals: Please include a state tax exempt form and indicate your method of deposit below. Personal funds are not exempt from state tax or local assessments.

_____ Agency check is enclosed with this registration form.

_____ Please use my personal credit card to guarantee the reservation. A check will be mailed from the agency or presented upon arrival.

_____ Agency credit card, or a copy of the card, **MUST** be presented at the Front Desk upon check in to qualify for tax exemption. The full balance due will be charged to the card at this time.

Cancellation Policy: Deposit is fully refundable if cancellation is made 14 days prior to your arrival date. If cancelled within 14 days of arrival, deposit is non-refundable. If changed within 14 days of arrival, you are responsible for your entire lodging or package stay.

Group #: 45B1TA

Please Print

Arrival Date: _____ **Departure Date:** _____ **Number of:** _____ **Adults in Party:** _____ **Children 17 & under:** _____

Mr. Mrs. Ms. Dr. : _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Telephone #:** _____ **(Home)**

e-mail Address: _____ **(Work)**

Conference attendees sharing same room: _____

Special requests: (handicap accessible, etc.): _____

* Crystal Mountain does its best to accommodate requests, but cannot guarantee them.

Signature: _____ **Date:** _____

Credit Card #: _____ **Expiration Date:** _____

Agency Name (Agency credit card or copy, MUST be presented upon check in): _____

Name as it appears on Card: _____

Please mail or fax to: Crystal Mountain
 12500 Crystal Mountain Drive
 Thompsonville, MI 49683

Fax: 231-378-4879
Phone: 231-378-2000
Reservations Only: 800-968-7686