



Group Name: Michigan County Medical Care Facilities Council

Group #: 46D3V5

Issued: 9/3/21

Dates: November 3, 2021-November 5, 2021

Reservations may be made by calling 1-855-520-2974, by utilizing this form or by booking online at Book online here, This is a direct link to the Crystal Mountain online booking system with your group code.

A selection of overnight rooms are being held exclusively for Michigan County Medical Care Facilities Council; for best availability and selection reservations should be made by October 3, 2021, reservations received after this date will be taken on a space-available basis and at the prevailing discounted rate. If room type requested is not available, the next available room type and rate will be confirmed. Crystal Mountain does its best to accommodate requests, however cannot guarantee specific rooms/units. Please inquire with reservation staff for additional unit types available beyond those listed.

Check-in: 5:00pm

Check-out: 11:00am

Table with 4 columns: Room, Single/Double Rate, Single/Quad Rate, 1st & 2nd Lodging Choice. Rows include Studio (one queen bed), Hotel Room, Inn Suite, and Three Bedroom Condo.

*Quoted rates and service fees are subject to 6% state tax, 5% CVB assessment and 9% service fee.

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

- Up to 2 children ages 17 & under sleep free when occupying same room with 1 paying adult.
There is a \$20.00 plus tax, per person, per night charge for additional adults above the quoted occupancy.
Credit card imprint is required at check-in for all guests.

Deposit / Cancellation Policy: 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 below. Do not send cash. Deposit is fully refundable, less a \$10 administrative fee if cancellation or modification occurs at least 7 days prior to your arrival date.

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Please Print

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

Mr. Mrs. Ms. Dr. (circle one): Name:

Address:

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

E-mail Address: (Work)

Conference attendees sharing same room:

Special requests: (handicap accessible, etc.):

Would you like to be contacted for lesson, recreation, tee time or spa reservations? Yes No

Signature: Date:

Tax exempt individual: If your agency is tax exempt you may qualify for exemption from the 6% state use tax; reservations are not exempt from the 9% service fee or the 5% CVB assessment. To qualify for exemption please complete the tax exempt form and provide any required documentation.

Payment Options:

- By a secure online link with a credit card: once we get this form, we will send you a secure online link to submit your deposit, along with a credit card authorization form.
By check: please include this form with the check and mail to the address provided below.

Please contact Reservations with any questions at 1-855-520-2974. The information can be provided in the following ways:

Mail to: Crystal Mountain Resort Reservations
12500 Crystal Mountain Drive
Thompsonville, MI 49683

Fax to: 231-378-4879

Email to: reservations@crystallmountain.com

For office use only: Res # Initials: Date: Notes: