

Michigan Association of Fairs & Exhibitions

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125th Annual Convention – Additional HOTEL ROOM RESERVATION

Amway Grand Plaza Hotel

January 7, 8, 9, 2010

Grand Rapids, Michigan

Please PRINT or TYPE ALL INFORMATION & RETURN THREE COPIES TO:

M.A.F.E., PO Box 127, Munger MI 48747-0127

Phone: 989.450.5942

Fair, Festival-Event, Associate Name as Listed with M.A.F.E.: _____

Name of Contact Person: _____ Title: _____

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

Phone: _____ Fax: _____ E-mail: _____

THE FOLLOWING INFORMATION IS TO BE COMPLETED IN FULL FOR EACH ROOM REQUESTED

ROOM #4 NAME of ALL GUESTS in ROOM 1) _____
 King size bed Two Queen Sized beds 2) _____
Check-In Date: (Arrival) _____ 3) _____
Check-Out (Departure) _____ 4) _____
TYPE of ROOM: Single Double Triple Quadruple Handicapped

ROOM #5 NAME of ALL GUESTS in ROOM 1) _____
 King size bed Two Queen Sized beds 2) _____
Check-In Date: (Arrival) _____ 3) _____
Check-Out (Departure) _____ 4) _____
TYPE of ROOM: Single Double Triple Quadruple Handicapped

ROOM #6 NAME of ALL GUESTS in ROOM 1) _____
 King size bed Two Queen Sized beds 2) _____
Check-In Date: (Arrival) _____ 3) _____
Check-Out (Departure) _____ 4) _____
TYPE of ROOM: Single Double Triple Quadruple Handicapped

ROOM #7 NAME of ALL GUESTS in ROOM 1) _____
 King size bed Two Queen Sized beds 2) _____
Check-In Date: (Arrival) _____ 3) _____
Check-Out (Departure) _____ 4) _____
TYPE of ROOM: Single Double Triple Quadruple Handicapped

ROOM #8 NAME of ALL GUESTS in ROOM 1) _____
 King size bed Two Queen Sized beds 2) _____
Check-In Date: (Arrival) _____ 3) _____
Check-Out (Departure) _____ 4) _____
TYPE of ROOM: Single Double Triple Quadruple Handicapped

ROOM #9 NAME of ALL GUESTS in ROOM 1) _____
 King size bed Two Queen Sized beds 2) _____
Check-In Date: (Arrival) _____ 3) _____
Check-Out (Departure) _____ 4) _____
TYPE of ROOM: Single Double Triple Quadruple Handicapped

ROOM #10 NAME of ALL GUESTS in ROOM 1) _____
 King size bed Two Queen Sized beds 2) _____
Check-In Date: (Arrival) _____ 3) _____
Check-Out (Departure) _____ 4) _____
TYPE of ROOM: Single Double Triple Quadruple Handicapped

ROOM #11 NAME of ALL GUESTS in ROOM 1) _____
 King size bed Two Queen Sized beds 2) _____
Check-In Date: (Arrival) _____ 3) _____
Check-Out (Departure) _____ 4) _____
TYPE of ROOM: Single Double Triple Quadruple Handicapped

**** PLEASE MAKE COPIES OF THIS FORM FOR ADDITIONAL REGISTRANTS ****

FAIR 195

FEST 195

ASSOC 195

Please make a copy for your records

www.michiganfairs.org