

Michigan Association of Fairs & Exhibitions

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125th Annual Convention – 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:

Phone: 989.450.5942

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

1. All Room Reservations MUST Be Made Through M.A.F.E. Any Reservations Made Directly To The Hotel Will Not Be Honored.
2. THREE DAY RESERVATIONS (Arrive Thurs, Jan. 7th Depart Sun, Jan 10th, 2010) WILL TAKE PREFERENCE OVER ALL OTHER RESERVATIONS.
3. Deadline for Making Your Hotel Room Reservations is: November 20, 2010.
4. Room Rates: (Maximum FOUR Adults in a Room): Single – 1 Person: \$108.00 + Taxes Double - 2 People: \$108.00 + Taxes
Triple – 3 People \$123.00 + Taxes Quadruple - 4 People: \$138.00 + Taxes
5. All guest rooms are **NON-SMOKING**. There will be a **\$250.00** charge for any that have been smoked in.
5. You MUST Be A Current Dues Paid Member of M.A.F.E. To Receive The Above Rates. Walk-Ins Will NOT Receive the Group Rate. Prior Reservations MUST Be Made.
6. Room Reservations Will be Filled on a First-Come; First-Reserved Basis.
7. Hotel Check-In Time is: 4:00 p.m.
8. NO Tacks, Pins, and/or Nails will be allowed on any surface ANYWHERE in the Hotel. Putty is available at the MAFE Registration Desk. YOU WILL be RESPONSIBLE FOR ANY DAMAGE.
9. No reptiles, animals, insects, etc. are allowed in the Hotel.
10. You Must Pay the LAST Night (Sat. Jan.9th) Reservation For Each Room Either by check or credit card.

CHECK Made Payable To: AMWAY GRAND PLAZA HOTEL. The Check Is To Be Sent With Completed Forms to: M.A.F.E.

Credit Card for Hotel Room Reservations only: Credit Card Type _____ Signature _____

Credit Card # _____ Exp. ___/___

Those not accepted at the Amway will be sent to the Courtyard by Marriott. All rules and instructions still apply.

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 #1 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 #2 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 #3 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

Every Effort Will be Made to Accommodate Your Specific Room Requests. Please Understand That They are Requests ONLY.

CHECK ONE to INDICATE THE PARTY RESPONSIBLE for PAYING the HOTEL BILL:

- Individual to Pay Their Own Room Bill & Charges
- Only** Room & Tax to be Billed to One Person/Firm (**Individual to Pay Additional Incidentals**) Name of Account: _____
- ALL CHARGES (Room, Tax and Incidentals) Billed to one Person/Firm account (Name of Account): _____

Do You Give the Amway Grand Plaza Hotel & M.A.F.E. Permission to Release Your Room Number On the Published Hospitality List for Convention Attendees to be able to visit? No Yes If yes, Check which Room to Publish: Suite # _____ or Your Guest Room # _____

PRINT / TYPE NAME OF PERSON COMPLETING FORM

Signature of Person Completing Form

Date

**** 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