



SUMMIT VILLAGE
SHANTY CREEK RESORTS®

MI ASSOC. OF COMMUNITY & ADULT EDUCATION
October 21-24, 2008

Reservations Must be Received By: **September 20, 2008**

PLEASE RETURN THIS FORM BY MAIL OR FAX TO:
Reservations Department • Shanty Creek Resorts
One Shanty Creek Road • Bellaire, MI 49615
Fax: 231.533.7004

Check-in begins at 4pm, Check-Out is 11am

Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Business Phone: _____

Confirmation Email: _____ Fax: _____

You are welcome to arrive early or extend your stay following this scheduled event. At times specified accommodations are not available prior to or following your event. If the room type requested is not available, we reserve the right to assign the next available room type and rate.

Arrival Date: _____ Departure Date: _____ # Adults: _____ # Children: _____

ROOM TYPE:	1 Adult	2 Adults	3 Adults	4 Adults
_____ Run of House Room	\$89	\$89	\$104	\$119
_____ Parlor Suite	\$120	\$120		

The above rates are Per Room, Per Day, plus 6% state tax, 8% resort fee and 2% local tax.

THIS FORM MUST BE MAILED OR FAXED IN TO RECEIVE THE GROUP DISCOUNTED RATES.

Deposit Policy: You must guarantee your room reservation with a major credit card or a check for deposit equal to first's nights lodging. Credit card WILL BE charged for the above deposit. Debit cards are not accepted for deposit. Refund of your deposit will be made if cancellation occurs at least 5 days prior to arrival, less a \$10 handling fee.

Card Number: _____ Expiration Date: _____
(If Mailing a Check, Please Note on the Line Above.)

Signature(Required): _____

Do you have any special lodging requests?

Barrier Free: _____ Non Smoking: _____ Other (Please Indicate): _____

For Questions or More Information, Please Call: 1-800-678-4111