## **U. P. Chapter of Credit Unions Annual Meeting**

April 7, 8, 9, 2017 Individual Credit Union Room Reservation Form



## Hotel Reservations will be accepted by fax only.

Telephone Reservations will not be accepted.





This reservation form is to be used by Credit Unions for their attendee's hotel rooms. For information call (800) 682-6040 Suites Limited to (1) per Credit Union

Are you a member of the UP Chapter of Credit Unions? Yes or No



Credit Union Name:	**	
Contact:		
Address:		
Phone:	Fax:	
email address:		

All rooms will be Direct Billed. You must complete the Island Contract for Direct Billing form. Your rooms will not be reserved unless this form and the Island billing form are faxed to: 906-466-2945. Attention: Denise Sayklly

## NO Telephone reservations will be accepted.

The following hotel room rates are in effect for the U. P. Chapter of Credit Unions for April 7, 8, 9, 2017

Room reservations MUST be made by March 6, 2017, and have individual's names for rooms.

Standard Rooms available in double queen, single king and Handicap \$111.66 includes all occupancy taxes Whirlpool Suites Queen or King \$166.16 includes all occupancy taxes Studio Suites \$231.56 includes all occupancy taxes

Note: There is no state or federal taxes assessed on tribal properties.

Handicap accessible or barrier free rooms available in all room types. Please indicate special room requirements on this form.

Confirmations will be emailed to the contact person listed above within 10 days of reciept. If you do not receive a confirmation please contact Denise at dsayklly@islandresortandcasino.com.

## **Rooming List**

Arrive	Depart	Name	Room Type	# Occupants /Special Requests

Fax number: 906-466-2945 Attention: Denise Sayklly



P.O. Box 351- W399 Hwy 2 & 41 Harris, MI 49845-0351 Phone: 800-682-6040 Fax (906) 466-2945 Reservation Line: 877-ISL-RES5

Contract for Direct Billing

Comp	pany Name:						
Contact							
Person:		Phone#:					
`	(Authorizing Billing)						
Address:							
<b>7</b> 00 III	(6 )						
	Credit Card #*:	United to Live Inc.					
	With prior approval, charges can be billed directly to a business.  We are pleased you have chosen to stay with us. This contract covers important						
	nation regarding your company's stay						
	e specify who will be responsible for						
	<b>2</b> • • • • • • • • • • • • • • • • • • •	pany will pay for:					
<u> </u>	oto win pay tor.						
	Room and Tax	Room and Tax					
	Phone Usage	Phone Usage					
	Pay-per-view Movies	Pay-per-view Movies					
	Food and Beverages	Food and Beverages					
	Retail Purchases	Retail Purchases					
		Tangles Salon					
	Tangles Salon	Show Tickets					
	Show Tickets						
	Cot/Crib	Cot/Crib					
	Golf	Golf					
	Stay & Play Pkg.	Stay & Play Pkg.					
Ĺ	Misc. Charges	Misc. Charges					
Gener	ral Information(Please share with your						
•	approved by Hotel Management), *when u	edit card or (Purchase Order Number when presing a credit card to reserve rooms, photocopy front and dit card's drivers license. Fax or mail to numbers listed					
	above right.	district different models of a first of many or many of a first of					
•	<ul> <li>Guests must give at least 24 hours notice when cancelling to avoid automatic No call/No show</li> </ul>						
_	charges to their account.	at is 11,000m. All times are Testern					
•	<ul> <li>Check in time is after 4:00pm and check out is 11:00am. All times are Eastern.</li> <li>A pictured ID is required for your guest to check into their room. Keys will not be issued to</li> </ul>						
	anyone without proper ID and only the registered guests may receive a room key.						
•	<ul> <li>The make, model, and plate number of vehicle is required at check in.</li> </ul>						
•	• We accept major credit cards, cash, traveler's checks, certified bank checks, and money orders.						
	All credit cards must be signed to be valid. We do not accept personal checks.						
	We are not responsible for lost or stolen ite	ms.					
We lo	ook forward to serving you.						
	BILLING TERMS	AND CONDITIONS					
	(Net 10 days. 1.5%	interest after 30 days)					
	Customer Signature	Sales Associate Signature					
Casiomer bighande		Dates Exponente Diguarate					
	Date	Date					

Approved by(initial and date)-Hotel Mgmt.