



To reserve your overnight accommodations or modify an existing reservation, please complete this form and fax or mail it by **September 30, 2010. (PHONE RESERVATIONS WILL NOT BE ACCEPTED)** to: Soaring Eagle Casino and Resort, 6800 Soaring Eagle Boulevard, Mt. Pleasant, MI 48858, Attention: Room Reservations, FAX # (989) 775-5686. Please print your information clearly. You may also reserve accommodations at [www.soaringeaglecasino.com](http://www.soaringeaglecasino.com), On-Line Reservations, Group Code: **9806R2** For prompt confirmation, please completely fill out form.

**Michigan Association of Medical Examiners**

**Arrive: Thursday, October 21, 2010 - Depart: Sunday, October 24, 2010**

Name of guest(s) occupying the room: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Daytime ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Player's Club Number \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Please list the room type you would prefer (Please mark 1<sup>st</sup> and 2<sup>nd</sup> choice)**

Smoking and Non-Smoking rooms are available, however, we cannot guarantee which type you will receive. We will do our best to accommodate all of your requests. **\*\*Rates quoted are per night.\*\***

\_\_\_\_\_ (\$139.00) First Class Room – 1 King Bed  
 \_\_\_\_\_ (\$139.00) First Class Room – 2 Queen Beds

There will be a \$10.00 per person charge nightly for the third and fourth person in a room over the age of 6.

**All rates are subject to increase as a result of any applicable Tribal tax.**

With the following requests:

\_\_\_\_\_ Smoking \_\_\_\_\_ Non-Smoking \_\_\_\_\_ Barrier Free Room \_\_\_\_\_ Hearing Accessible Room

How many adults in room? \_\_\_\_\_ How many children? \_\_\_\_\_ Ages \_\_\_\_\_

**All reservations must be guaranteed with a deposit; either a check or credit card for one night's lodging along with this form. If you are using a credit card, your card will be charged for the deposit at the time this reservation is made.**

Credit Card Number: \_\_\_\_\_

(Diners Club)

Expiration Date: \_\_\_\_\_ Type of Card (MC/Visa/Amer Exp): \_\_\_\_\_

Bill Credit Card for all nights? \_\_\_\_\_ Yes \_\_\_\_\_ No, 1<sup>st</sup> night only

Name of Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

You will receive a confirmation letter within 7-10 business days at the address listed above. If you would like your confirmation letter faxed to you instead, please list the appropriate fax number and check the box next to it. You should receive your faxed confirmation letter within 72 hours.

Please make sure your reservation request reaches the Resort by the date listed above to apply for a room that is held by the Group Block. After the date listed above, or should the Group Block be filled, rooms will be reserved based on availability. Group rates cannot be guaranteed. Reservations cancelled by 6:00 p.m., 3 days prior to arrival, will receive a full refund.

Check-In time is after 4:00 p.m.

Check-Out time is 11:00 a.m.

**\*\*\*Please, One (1) room reservation per Group Reservation Request Form**