



**Group Name:** State Bar of Michigan - Litigation Section  
**Dates:** July 24, 2015-July 26, 2015

**Group #:** 45U8O7  
**Issued:** 4/16/15

Reservations may be made utilizing this form or by booking online at <http://www.crystalmountain.com/grouplodging> utilizing group code **45U8O7**. Reservations must be made by **June 24, 2015**, reservations received after this date will be taken on a space-available basis. If room type requested is not available, the next available room type and rate will be confirmed. Crystal Mountain does its best to accommodate requests, however cannot guarantee specific rooms/units. Please inquire with reservation staff for additional unit types available beyond those listed.

**Check-in:** 5:00pm

**Check-out:** 11:00am

Room	Includes Taxes & Service Fee*		Tax Exempt**		1 <sup>st</sup> & 2 <sup>nd</sup> Lodging Choice
	Single/Double Rate	Single/Quad Rate	Single/Double Rate	Single/Quad Rate	
Hotel Room	\$ 215.28		\$ 204.24		
Suite	\$ 264.42		\$ 250.86		
One Bedroom Condo	\$ 312.39		\$ 296.37		
Two Bedroom Condo		\$ 469.17		\$ 445.11	

\*Quoted rates include 6% state tax, 2% local assessment and 9% service fee.

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**Package Includes: Lodging Only** (per unit, per night)

- Up to 2 children ages 17 & under sleep free when occupying same room with 1 paying adult.
- There is a \$20.00 plus tax, per person, per night charge for additional adults above the quoted occupancy.**
- Credit card imprint is required at check-in for all guests.
- There are no refunds on unused portions of lodging or package stays.**

**Deposit / Cancellation Policy:** A deposit equal to the first night's lodging is required with each reservation. Please make check or money order payable to Crystal Mountain or include a credit card number below. Do not send cash. Deposit is fully refundable if cancellation is made 14 days prior to your arrival date. If cancelled or changed within 14 days of arrival, you are responsible for your entire lodging or package stay.

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Please Print

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Number of: Adults in Party: \_\_\_\_\_ Children 17 & under: \_\_\_\_\_

Mr. Mrs. Ms. Dr. (circle one): Name : \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_ (Home)

E-mail Address: \_\_\_\_\_ (Work)

Conference attendees sharing same room: \_\_\_\_\_

Special requests: (handicap accessible, etc.): \_\_\_\_\_

Would you like to be contacted for dining, lesson, recreation, tee time or spa reservations? Yes \_\_\_\_\_ No \_\_\_\_\_

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

**Tax exempt individual:** If your agency is tax exempt you may qualify for exemption from the 6% state use tax; reservations are not exempt from the 2% local assessment and 9% service fee. Please include a state tax exempt form #3372, (IRS authorized letter with 501(c)(3) or 501(c)(4) organizations) and indicate your method of payment below. (Personal funds do not qualify for exemption from state tax, local assessments or service fee.)

Agency check enclosed.

Agency credit card completed below (MUST include credit card authorization form).

Please use my personal credit card to guarantee the reservation. Payment with agency funds will be provided prior to arrival.

**AUTHORIZATION NOTE:** I authorize and acknowledge that all of the charges below will be processed to my payment card as detailed above.

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Agency or individuals name as it appears on Card: \_\_\_\_\_  
 (Agency credit card or copy MUST be presented upon check in)

Please mail or fax to: Crystal Mountain ~ 12500 Crystal Mountain Drive ~ Thompsonville, MI 49683  
 Fax: 231-378-4879 Phone: 231-378-2000 Reservations Only: 855-520-2974

JKS