

## ONE-NIGHT RATE INCLUDES

* Sunday, Monday and/or Tuesday nights’ lodging
* MN sales tax

$100.46 single/double occupancy per room per night

**Corridor Room:** Balcony overlooks Gull Lake or

indoor pool; coffeemaker, refrigerator, microwave, some with fireplace; two queen, two double, or one king bed

### SELECT NIGHT(S):

* Sunday Monday Tuesday

All Rooms are Non-Smoking - $300.00 charge for smoking in a non-smoking room. Any additional cleaning or damage to rooms will be charged accordingly.

## SPECIAL REQUESTS

* **DISABILITY** e.g. Accessibility/Mobility/Vision/Hearing Please Explain:
* **DIETARY** Vegetarian or Vegan – Circle One

**MAIL OR FAX FORM (No phone reservations)**

Cragun’s Resort & Hotel on Gull Lake

# PREFERRED LODGING HELD UNTIL

**INDICATE DEPOSIT METHOD OF PAYMENT**

**$100.46 deposit required with reservation** (Reservation will not be processed without payment) No payment required with Voucher or Purchase Order

* **Credit/Debit Card** (Card charged upon receipt of form) Upon check-in, the debit card will be charged for the remainder of your stay.

**Visa / Mastercard / Discover / American Express**

Expiration date: Signature:

*In the event of a miscalculation, I authorize Cragun’s to charge to my credit card an amount*

*Cragun’s reasonably deems to be accurate.*

**Check** (Send with form - Pa ya ble to Cragun’s)

**Purchase Order -**

Please make sure to have the following information on your purchase order:

1. “bill to” address
2. “attendee” name
3. Total amount of package

(**Purchase order must be enclosed with reservation form; purchase order numbers not accepted)**

**CRAGUN’S LODGING RESERVATION**

MN Association of Assessing Officers 2015 Fall Conference October 4 – 7, 2015

**September 4, 2015**

(Room Rates honored after September 4 but room AVAILABILITY is NOT GUARANTEED)

Name Street City St Zip Day Phone( ) Arrive /Depart Dates: / to /

1. mail Address

Used for CONFIRMATION - Please print clearly

Your email address will not be given to any other party for any purpose.

Please check here if we may send you special Craguns offers

**Special Craguns Offers** Yes Please No Thanks

***PLEASE CONTACT US IF YOU DO NOT RECEIVE A CONFIRMATION WITHIN 2 WEEKS FROM THE TIME YOU SENT US THE FORM***

## ROOMMATE(S)

List name of any roommate(s) you are selecting:

11000 Craguns Drive, Brainerd, MN 56401 Fax Number: (218) 825-2727

Website: [www.craguns.com](http://www.craguns.com/)

Questions or to email forms: lbourassa@craguns.com

***(please note email is not secure and we DO NOT recommend sending credit card information via email)***

CRAGUNS HAS A NO PET POLICY

(Please call us for a list of local boarding facilities) PRIOR NOTIFICATION OF

**Complete 1 Form Per Room.**

**Make A Copy Of This Form For Your Record.**

CERTIFIED SERVICE ANIMALS REQUIRED

### CANCELLATION, REFUND, NO SHOW POLICY

* 1. Less than 30 days prior to arrival – No Deposit Refund
	2. At 30 days or more prior to arrival – Refund less $40 processing fee
	3. No show (arrival night) – No Deposit Refund (Room will be held until 12 noon the following day)
	4. When using a Voucher or Purchase Order Cancelation/Refund/No Show Policy will apply

 \*You are responsible for all dates selected. 10957/MZ/JW