

LODGING FORM
2008 MCFOA STANDARD OVERNIGHT LODGING
This form should be sent to the hotel you select below.
 The Lodging Form must be received by February 10, 2008.
 (Or until rooms are sold out.)

Arrowwood Resort and the Holiday Inn in Alexandria are now accepting reservations for the 2008 MCFOA Conference. **No reservations taken without completion of this form!** NOTE: To maximize the 200 rooms available at Arrowwood, no 1-night stays will be accepted at this property. Those needing one-night only rooms must utilize the Holiday Inn. If your request for an Arrowwood room or roommate cannot be accommodated, you will be moved to the Holiday Inn and notified accordingly.

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|---|---|
| <input type="checkbox"/> ARROWWOOD | <input type="checkbox"/> HOLIDAY INN |
| Conference site (2+ nights stay only.) | Conference overflow (1+ nights) |
| 2100 Arrowwood Lane NW | 5637 Hwy 29 S, PO Box 1087 |
| Alexandria, MN 56308 | Alexandria, MN 56308 |
| Fax: 320-762-0133 | Fax: 320-762-2092 |
| \$103.31/night (single or double) | \$96.31/night (single or double) |

TOWNHOMES GROUP RATE-Arrowwood only

- Three-bedroom Unit (\$309.93/night)
 Four-bedroom Unit (\$413.24/night)

Townhome units share common spaces. You must reserve the entire unit for yourself or reserve it with others who have agreed to share the space with you. Roommates must fill out their own Lodging Form.

ROOMMATES

If you are sharing a room, each person must complete a separate reservation form.

List name of the roommates you've selected:

If you are selecting roommates, reservation forms must be mailed or faxed together. If not received together, specific roommate requests cannot be guaranteed.

Mr./Mrs./Ms. _____

Organization: _____

Street _____

City _____ St _____ Zip _____

Day Phone (____) _____ Eve Phone (____) _____

Arrival Date: ____/____/____ Depart Date: ____/____/____

Total # of nights: _____

Special Requests: (i.e. accessible room, room location)
 Explain: _____

All of our lodging is non-smoking.

Method of Payment:

_____ **Check-** Send with form – payable to Arrowwood or Holiday Inn

_____ **Credit Card**

Visa MasterCard American Express Discover

Card # _____ Exp. ____/____

Cardholder's name: _____

Signature: _____

CANCELLATION POLICY

Our cancellation policy is 72 hours. We will charge your credit card one night's lodging for any cancellations made within 72 hours of your arrival. If payment is made by check, we will refund your money if cancellation is made before 72 hours of your arrival. We will keep deposit if cancelled within 72 hours of your arrival.

HOTEL CHECK-IN TIME IS 4 P.M.
HOTEL CHECK-OUT TIME IS 11A.M.

MAIL OR FAX ENTIRE FORM TO:
Arrowwood Resort & Conference Center
2100 Arrowwood Lane NW
Alexandria, MN 56308
FAX: 320-762-0133
Toll free phone: 866-386-5263

