

**Registration Form for Association of MN Social Service Accountants
Holiday Inn Hotel & Suites St. Cloud MN
June 22-24, 2005**

(One registration form per person) **Reservation due by May 23, 2005**

Mr. /Ms. _____

Street _____

City _____ State: _____ Zip: _____

Day Phone _____ Evening Phone _____ Email: _____

Per Person Package (Please check one)

_____ Two Night Stay Single Occupancy \$ 273.48 per person

_____ Two Night Stay Double Occupancy \$ 200.74 per person

Per person package includes: Two nights stay, two breakfast, two lunches, two dinners, four breaks, tax and service charge.

Arrival Date: _____ Departure Date: _____ Number of Nights: _____

Please list your preference below: These are only requests.

_____ Smoking _____ Non Smoking _____ One Queen bed _____ Two double beds

Roommate: Please indicate the name of your roommate below. (Each person must complete a separate reservation form and be mailed or faxed together.) The hotel will not pair non requested individuals together.

Additional Nights: I wish to arrive early and or extend my stay beyond the conference dates at the nightly rate of \$ 72.74 per night inclusive per room. Rate does not include meals.

Tuesday 06/21 Friday 6/24

Please choose one option for Wednesday Evening Dinner: _____ Wildrice Chicken Breast or
* Garlic Steak prepared Medium _____ Garlic Steak and Deep Fried Shrimp

Meals Only: I require no lodging. I will need the following meal package.

_____ Wednesday Evening Dinner \$ 24.00 (Please choose your meal selection above)

_____ Wednesday, Thursday & Friday \$ 80.00 includes two lunches, four breaks

_____ Thursday \$ 45.00 includes one lunch and two breaks

_____ Friday \$ 40.00 includes one lunch and one break

Payment Options

_____ Voucher/Purchase Order (Must accompany the registration form)

_____ Check (Full payment must accompany the registration form)

_____ Credit Card Number _____ Ex. Date _____

Cardholder's Name _____ Signature _____

Cancellation

Cancellation of reservations must be made 7 days prior to the arrival date for a full refund. Credit Cards will be billed upon receipt of registration.

Mail or Fax Form (No phone reservations) Holiday Inn Hotel & Suites Attn: Danielle Lieser
PO Box 1104, St. Cloud, MN 56302 (fax) 320-253-5998

A confirmation will be sent or emailed to you one week after receiving the registration form.