Landmark RESORT

Reservation Request Form for: **TRI STATE THORACIC SOCIETY**

Account # 1516 September 10 - 13, 2009

Resort Confirmation to be sent to:

NAME _____
Last First Middle

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

E-MAIL _____

PHONE _____ _____
daytime evening

Adults _____ Children _____ Crib? _____ Highchair? _____

ARRIVAL DATE _____ **DEPARTURE DATE** _____

Check-in 4:00pm ***Sorry, early check-ins are not available*** Check-out 11:00am

Resort Reservation cut-off date **July 28, 2009**

*Use one form for each reservation.

*Rooms requested after the cut-off date will be assigned on a space and rate available basis.

***Mail this form directly to The Landmark Resort, 7643 Hillside Road, Egg Harbor, WI 54209.**

*For phone reservations or assistance, please call 1-800-273-7877.

ALL LODGING SUITES ARE NON-SMOKING. A $250.00 penalty will be charged to any guest in violation of the non-smoking policy.

TYPE OF SUITE	RATE per night Sun - Thurs	RATE per night Fri / Sat	X # OF NIGHTS	= TOTAL
1 Bedroom woodside queen	$100.00	$141.00	_____	= _____
1 Bedroom woodside king	$105.00	$145.00	_____	= _____
1 Bedroom amenity level waterside queen	$100.00	$141.00	_____	= _____
1 Bedroom amenity level waterside king	$115.00	$165.00	_____	= _____
1 Bedroom main level waterside queen	$109.00	$149.00	_____	= _____
1 Bedroom main level waterside king	$126.00	$171.00	_____	= _____
2 Bedroom 1 Bath woodside	$126.00	$153.00	_____	= _____
2 Bedroom 1 Bath waterside	$144.00	$180.00	_____	= _____
2 Bedroom 2 Bath woodside	$141.00	$191.00	_____	= _____
2 Bedroom 2 Bath waterside	$202.00	$252.00	_____	= _____

Rates are based on double occupancy per bedroom; a charge of $12.00 per person per night will apply to any additional guests over 12 years old.

A 50% DEPOSIT OR 1 NIGHT'S STAY, whichever is greater, is required to guarantee this reservation.

DEPOSIT AMOUNT $ _____ Total taxes are 11% including State, County and room tax.

Charge to credit card # _____ Exp _____

Enclosed please find my check or money order # _____

A COPY OF YOUR TAX EXEMPT CERTIFICATE MUST BE ATTACHED TO THIS FORM TO CLAIM EXEMPTION.

Cancellation Policy: Deposit will be refunded less a $15 service charge for cancellations made at least 14 days prior to arrival. Any cancellation within 14 days of arrival or a "no-show" will result in forfeiture of the deposit. "No-show" reservations will be cancelled after the first night.

LANDMARK RESORT 7643 Hillside Road Egg Harbor, WI 54209
PHONE (920) 868-3205 FAX (920) 868-2569 1-800-273-7877 www.thelandmarkresort.com
E-MAIL: groupsales@thelandmarkresort.com