



Reservation Request Form for:

TRI STATE THORACIC SOCIETY

Account # 2215

September 9 - 12, 2010

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, Check-out 11:00am

Resort Reservation cut-off date July 27, 2010

- \*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.

Table with columns: TYPE OF SUITE, RATE per night (Sun-Thurs, Fri/Sat), X, # OF NIGHTS, =, TOTAL. Lists various suite types and their rates.

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 \$, 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.