

HOTEL RESERVATION FORM



To reserve your overnight accommodations, please complete this form and fax or mail it by **October 10, 2007**. **(PHONE RESERVATIONS WILL NOT BE ACCEPTED)** to: **Soaring Eagle Casino and Resort, 6800 Soaring Eagle Boulevard, Mt. Pleasant, MI 48858, Attention: Room Reservations, FAX # (989) 775-5686**. Please print your information clearly. You may also reserve accommodations at www.soaringeaglecasino.com, On-Line Reservations, Group Code: **97C9HZ**. For prompt confirmation, please completely fill out form.

Great Lakes Tribal Economic Development Symposium

Arrive: Wednesday, October 31, 2007 - Depart: Thursday, November 1, 2007

Name of guest(s) occupying the room: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Daytime () _____ Fax #: () _____

Arrival Date: _____ Departure Date: _____

Player's Club Number: _____ E-Mail Address: _____

Please list the room type you would prefer (Please mark 1st and 2nd choice)

Smoking and Non-Smoking rooms are available, however, we cannot guarantee which type you will receive. We will do our best to accommodate all of your requests. ****Rates quoted are per night.****

_____ (\$105.00) First Class Room – 1 King Bed (There will be a \$10.00 per person charge nightly for the
_____ (\$105.00) First Class Room – 2 Queen Bed third and fourth person in a room over the age of 6.)

All rates are subject to increase as a result of any applicable Tribal tax.

With the following requests:

Smoking Non-Smoking Barrier Free Room Hearing Accessible Room

How many adults in room? _____ How many children? _____ Ages _____

All reservations must be guaranteed with a deposit; either a check or credit card for one night's lodging along with this form. If you are using a credit card, your card will be charged for the deposit at the time this reservation is made.

Credit Card Number: _____

Expiration Date: _____ Type of Card (MC/Visa/Amer Exp/Diners Club): _____

Bill Credit Card for all nights? Yes No, 1st night only

Name of Cardholder: _____

Signature: _____

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You will receive a confirmation letter within 7-10 business days at the address listed above. If you would like your confirmation letter faxed to you instead, please indicate this on the form. You should receive your faxed confirmation letter within 72 hours.

Please make sure your reservation request reaches the Resort by October 10, 2007 to apply for a room that is held by the Group Block. After the date listed above, or should the Group Block be filled, rooms will be reserved based on availability. Group rates cannot be guaranteed. Reservations cancelled by 6:00 p.m., 3 days prior to arrival, will receive a full refund.

Check-In time is after 4:00 p.m. -- Check-Out time is 11:00 a.m.

If more than one person is attending, please complete one form for each person. For more information, contact the Soaring Eagle Casino & Resort at 888.732.4537 or Meeting Coordinators at 248.643.6590.