Hotel Reservation Form

Sunday, September 12, 2010
Madison, WI

RESERVATIONS MUST BE RECEIVED BY WEDNESDAY, AUGUST 11

1. ONE ROOM reservation PER FORM please – this form may be duplicated.
2. Reservations are processed in the order they are received.
3. DO NOT send cash or check payment with this form.
4. Fax or mail form(s) to the Greater Madison Convention & Visitors Bureau (GMCVB). Please DO NOT telephone hotels for reservations.
5. You will receive confirmation via e-mail from Meeting Max once the reservation has been processed by the hotel (may take up to 72 hours).
6. To change or cancel your reservation(s), you must log on to the Meeting Max housing system via the link in your confirmation e-mail. If you have misplaced your confirmation or need assistance contact the GMCVB directly at 1.800.373.6376 x3957. Please DO NOT contact the hotel directly.

(Please print or type)

HOTEL PREFERENCE

Enter corresponding hotel ID # in blanks below. (See Hotel Listing and/or Hotel Map). Please rate hotels by preference.
Example: 1st = 6 (The Campus Inn), 2nd = 35 (Quality Inn & Suites), 3rd = 16 (Crowne Plaza).
Please list as many hotels as possible so that we can place you in a hotel of your choice.

1st_____ 2nd_____ 3rd_____ 4th_____ 5th_____ 6th_____ 7th_____ 8th_____

ARRIVAL DATE _____ DEPARTURE DATE _____

ROOM TYPE ☐ Single (1 bed) ☐ Double (2 beds) ☐ Other: _____

# of ADULTS: _____ # of CHILDREN: _____

NAME(S) OF ALL GUESTS STAYING IN THE ROOM: _____

_____

Special Requests (Non-Smoking, Roll-Away Bed, etc.): _____

CREDIT CARD NUMBER: _____ TYPE: _____ EXP. DATE: _____

NAME ON CREDIT CARD: _____

BILLING INFORMATION

PRIMARY CONTACT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT TELEPHONE: _____

CONTACT E-MAIL ADDRESS: _____

CONTACT'S SIGNATURE: _____ TODAY'S DATE: _____

Return this form by mail or FAX: 608.441.7010 by Wed, August 11, 2010

To: Ford Ironman 2010 Housing Bureau
c/o Greater Madison Convention & Visitors Bureau
615 East Washington Avenue • Madison, WI 53703

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