



Bavarian Inn Lodge & Conference Center

“Downtown Frankenmuth ~ Across the Wooden Covered bridge”

One Covered Bridge Lane • Frankenmuth, Michigan 48734 • (989) 652-7200 • Fax: (989) 652-6711

Visit us on the internet at www.bavarianinn.com

RESERVATION ACKNOWLEDGMENT FORM FOR MI TRANSITION SERVICES ASSN ARRIVING MARCH 16 THROUGH MARCH 18, 2010

ROOM RESERVATIONS BY MAIL (Return Address: One Covered Bridge Lane, Frankenmuth, MI 48734)

Complete this form with your specific arrival and departure dates. Return this form directly to the Bavarian Inn Lodge with a valid American Express, Visa, MasterCard, or Discover card number and expiration date to guarantee your reservation. A cancellation fee of the first night's room and tax will apply should the reservation be cancelled less than 48 hours prior to arrival or you do not arrive to check in on your scheduled arrival date (no show). This reservation form and your credit card number must be received by the Bavarian Inn Lodge 30 Days prior to your arrival date.

Room requests are based on availability and are taken in the order that reservation forms are received. Please indicate your first and second room choice and number of rooms needed. Rooms with more than 4 Guests per room are subject to an additional \$12 per person per night. Rooms not reserved by **FEBRUARY 23, 2010**, will be released and become available on a first come, first served basis. A 6% State Sales Tax and 5% County Hotel Tax are applicable. *If the entity paying for the reservation is tax exempt, please complete and return a Sales Tax Exempt Form with this reservation form. Payment **MUST** be made with a check or credit card issued to the tax exempt entity. We cannot accept personal checks, personal credit cards or cash to pay for a reservation that is tax exempt.*

ROOM RESERVATIONS BY PHONE:

To make your Bavarian Inn Lodge Reservations by phone, please call direct 1-888-77-LODGE. Be sure to mention you are attending the MI Transition Services Assn Conference (Account #10W1YA)

MI Transition Services Assn (ACCOUNT #10W1YA)

Check In Time: 3 p.m. Check Out Time: 11 a.m.

ARRIVAL DATE: _____ DEPARTURE DATE: _____

CHOICE OF ROOMS (Based on Availability)	NO. PEOPLE	NO. ROOMS
<input type="checkbox"/> \$89 Standard Rooms per Night 1 – 4 Guests	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$89 King Room per Night 1 – 2 Guests	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$139 Mini-Suites per Night 1 – 4 Guests	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$139 Family Suites per Night 1 – 4 Guests	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$139 Whirlpool Suites per Night 1 – 2 Guests	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$5 Cribs <input type="checkbox"/> \$12 Roll aways		
<input type="checkbox"/> Non Smoking Preferred (Taken Based on Availability)		
<input type="checkbox"/> Barrier Free Rooms (Taken Based on Availability)		

NAME: _____ TELEPHONE NO: _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ CO./ORG.: _____

STATE: _____ ZIP CODE: _____ SIGNATURE: _____

Credit card to guarantee reservation: C.C. # _____ EXP. _____

We accept American Express, Master Card, Visa, and Discover
(Make a Copy of this Form for Your Records)