



Reservation cutoff has  
been extended to  
May 22, 2009.

**Group Name:** State Bar of Michigan - Workers Compensation Section  
**Dates:** June 18, 2009-June 20, 2009

**Group #:** 45B7W0  
**Issued:** 2/6/09

Reservations may be made utilizing this form or by booking online. Reservations must be made by **May 18, 2009**. Reservations received after this date will be taken on a space-available basis. To make an online reservation, go to <http://www.crystalmountain.com/grouplodging>. Use 45B7W0 for your password.

**Accommodations:** Please indicate your 1<sup>st</sup> and 2<sup>nd</sup> lodging preference below. If room type requested is not available, the next available room type and rate will be confirmed. **We cannot guarantee specific rooms/units.** Additional unit types are available beyond those listed. Please inquire with reservation staff for additional options.

**Check-in: 4:00pm**

**Check-out: 11:00am**

Room	Single / Double Rate	Single / Quad Rate	Indicate 1 <sup>st</sup> and 2 <sup>nd</sup> Choice
Guest Room (One Queen Bed)	\$ 139		
Hotel Room	\$ 159		
Suite / One Bedroom Condo	\$ 199		
Two Bedroom Condo		\$ 219	
Two Bedroom Kinloch / Cottage		\$ 299	
Four Bedroom Resort Home		\$ 409	

Quoted rates are subject to 6% state tax, 2% local assessment and 8% service fee.

**Package Includes: Lodging Only (per unit, per night)**

- Up to 3 children ages 17 & under sleep free when occupying same room with 2 paying adults.
- There is a \$20.00 per person, per night charge for additional adults above the quoted occupancy.
- All units are non-smoking. Decks are available upon request, based on availability.
- Credit card imprint is required at check-in for all guests.
- There are no refunds on unused portions of lodging or package stays.

**Deposits:** A deposit equal to the first night's lodging is required with each reservation. Please make check or money order payable to Crystal Mountain or include a credit card number. Do not send cash.

**Tax exempt individuals:** Please include a state tax exempt form and indicate your method of deposit below. Personal funds are not exempt from state tax or local assessments.

\_\_\_\_\_ Agency check is enclosed with this registration form.

\_\_\_\_\_ Please use my personal credit card to guarantee the reservation. A check will be mailed from the agency or presented upon arrival.

\_\_\_\_\_ Agency credit card, or a copy of the card, **MUST** be presented at the Front Desk upon check in to qualify for tax exemption. The full balance due will be charged to the card at this time.

**Cancellation Policy:** Deposit is fully refundable if cancellation is made 14 days prior to your arrival date. If cancelled within 14 days of arrival, deposit is non-refundable. If changed within 14 days of arrival, you are responsible for your entire lodging or package stay.

Group #: 45B7W0

**Please Print**

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Number of: Adults in Party: \_\_\_\_\_ Children 17 & under: \_\_\_\_\_

Mr. Mrs. Ms. Dr. : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_ (Home)

e-mail Address: \_\_\_\_\_ (Work)

Conference attendees sharing same room: \_\_\_\_\_

Special requests: (handicap accessible, etc.): \_\_\_\_\_

\* Crystal Mountain does its best to accommodate requests, but cannot guarantee them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Agency Name (Agency credit card or copy, **MUST** be presented upon check in): \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Please mail or fax to: Crystal Mountain  
12500 Crystal Mountain Drive  
Thompsonville, MI 49683

Fax: 231-378-4879  
Phone: 231-378-2000  
Reservations Only: 800-968-7686