

GROUP HOUSING FORM

2008 L O'L Fall Convention

Appleton, WI

Chorus Name _____

Contact: Name _____

Address _____

City/St/Zip _____

Home Tel(_____) _____ E-mail _____

Hotel Preference - Indicate 1st, 2nd, 3rd choice:

Hotel Preference - Indicate Choice	Single	Double	P	B	S	R	Choices
1 Radisson Hotel (Hdqtrs) (Across from Auditorium)	\$84.00	\$94.00	Y	H	Y	Y	
2 Hilton Garden (E. College Ave.)	\$99.95	\$99.95	Y	H	Y	Y	
3 Super 8 (W. College Ave)	\$94.00	\$94.00	Y	Y	H	Y	
4 Comfort Suites (W. Wms. Ave)	\$94.00	\$94.00	Y	Y	Y	H	
5 Best Western (W. College Ave)	\$74.00	\$84.00	Y	Y	Y	Y	
6 Wingate Inn (W. College Ave)	\$89.95	\$99.95	Y	Y	Y	H	
7 La Quinta W. College Ave)	\$60.00	\$60.00	Y	Y	Y	Y	
8 Candlewood Sts (W. College Ave)	\$84.00	\$94.00	Y	Y	Y	H	
9 Microtel (321 Metro Dr.)	\$58.95	\$68.95	H	Y	H	H	
10 Country Inn (Fox River Dr.)	\$99.00	\$99.00	Y	Y	Y	H	
11 Exel Inn (Westhill Blvd)	\$59.00	\$69.00	H	Y	H	H	

NOTE: Prices shown are special convention rates available only through the Convention.
Rates shown do not include taxes. Rooms must be guaranteed by Credit Card.

Total # rooms – 1 Bed Fri _____ Sat _____

Total # rooms – 2 Beds Fri _____ Sat _____

Arrival Date _____ time _____ Departure date _____

Confirmation of reservation will be sent by selected Hotel.
After confirmation any changes or cancellations must be made directly with the Hotel.
Reservations must be guaranteed by a credit card or check for 1 night.

Return this Housing form to:
Dick Staedt
1118 E. Byrd St.
Appleton, WI 54911

Questions:
(920) 734-9495
Email - staedtrl@sbcglobal.net

ROOM ASSIGNMENT FORM 2008

Chorus - Quartet _____

Show address where Hotel is to send confirmation.

Contact Person

Share room with

Name _____

Name _____

Address _____

Room type: 1 Bed 2 Beds

City/St/Zip _____

Smoking Non Smoking

Phone () _____

nights Arrival date _____

Credit Card # _____ Exp _____

Name _____

Name _____

Address _____

Room type: 1 Bed 2 Beds

City/St/Zip _____

Smoking Non Smoking

Phone () _____

nights Arrival date _____

Credit Card # _____ Exp _____

Name _____

Name _____

Address _____

Room type: 1 Bed 2 Beds

City/St/Zip _____

Smoking Non Smoking

Phone () _____

nights Arrival date _____

Credit Card # _____ Exp _____

Name _____

Name _____

Address _____

Room type: 1 Bed 2 Beds

City/St/Zip _____

Smoking Non Smoking

Phone () _____

nights Arrival date _____

Credit Card # _____ Exp _____

Name _____

Name _____

Address _____

Room type: 1 Bed 2 Beds

City/St/Zip _____

Smoking Non Smoking

Phone () _____

nights Arrival date _____

Credit Card # _____ Exp _____