



To reserve your overnight accommodations or modify an existing reservation, please complete this form and fax or mail it by **April 29, 2009. (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: **97397H** For prompt confirmation, please completely fill out form.

Healthcare Financial Management Association
Arrive: Wednesday, May 20, 2009 - Depart: Friday, May 22, 2009

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.****

_____ (\$129.00) First Class Room – 1 King Bed
 _____ (\$129.00) First Class Room – 2 Queen Beds

There will be a \$10.00 per person charge nightly for the 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: _____

(Diners Club)

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

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

Name of Cardholder: _____

Signature: _____

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 list the appropriate fax number and check the box next to it. You should receive your faxed confirmation letter within 72 hours.

Please make sure your reservation request reaches the Resort by the date listed above 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.

*****Please, One (1) room reservation per Group Reservation Request Form**