

Wisconsin Association of Fairs 2011 Hotel Reservation Request Form

Event: Wisconsin Association of Fairs Annual Convention

Date: January 9-13, 2011

Where: Chula Vista Resort, Wisconsin Dells

Room Rates: Rates are valid Sunday through Thursday of our convention.

- \$189 (two-bedroom condo for four people)
- \$268 (three-bedroom condo for six people)
- \$79 (standard room for two people)

A full breakfast buffet is included in the rate of the room with the number of people as listed above. For each additional person added to the room, please add \$20. This covers the additional expense of lodging and breakfast.

Associate Vendor Rows: Associate Vendor Rows will be in the condos on floors 2 and 3. All three room types are available on this area. Associates will be able to make reservations from **April 15 through May 10**. This will allow us time to place all Associates who want to be in Associate Row area in the condos. Any Associates making reservations after May 10 will be filled as space is available and we cannot guarantee space near the rest of the Associates. Registration will be open to the fairs beginning May 11. When you make your reservation you will be asked if you represent a Fair or are an Associate Member. Please provide the name of your business, which is your Associate Membership. You can make reservations by phone or e-mail. However, if you are part of a group or making reservations for a group, we would prefer that you not call to make the reservations, but e-mail Robin the group information. You can make reservations by e-mailing Robin Dunham at robind@chulavistaresort.com or call 1-866-382-4852.

When making your reservations, please have the following information available to help make all of our reservations as consistent as possible. When you send an e-mail, please provide the following information in your e-mail. We ask that you provide one major contact for your business to make your hotel reservations. Most of you already do this and it is extremely helpful to the hotel for billing purposes.

Main Contact Person's Name: _____

Associate Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Fair or Associate	Arrival Date	Departure Date	Type of Room (Standard, 2-bedroom, or 3-bedroom condo)	# of Adults	# of Children	Payment (Credit Card or Check)	Tax Exempt # (Copy of Certificate must also be mailed.)

Payment: Credit cards preferred and will be taken over the phone. Do not e-mail credit card payment information. A contact from the hotel will return your e-mail to request this additional information. If you require check payment, please contact Robin directly.

If you have additional questions, please contact the WI Association of Fairs at 608-274-6228 or wifairs@sbcglobal.net.