

**RADISSON PAPER VALLEY HOUSING FORM APRIL 19<sup>TH</sup> – 22<sup>ND</sup>, 2012  
MID-AMERICA REGION 22 – SWEET ADELINES COMPETITION**

**Mail all hotel reservations forms to:** Radisson Paper Valley Hotel 333 West College Ave. Appleton, WI 54911 (920) 733-8000 or 800-333-3333. Reservations must be received on this form or hotel room rates will not be honored. Rooms **must be reserved with a credit card. NO CHECKS WILL BE ACCEPTED.**

**Please indicate on reservation form bed type needed and nights you are staying.**

**Hotel Reservation Deadline:** Reservations will be accepted beginning January 23<sup>rd</sup>, 2012. We will accept forms until March 12<sup>th</sup>, 2012. Hotel **WILL NOT ACCEPT PHONE RESERVATIONS OR FAXES.**

**Check In Time:** 3:00PM

**Check Out Time:** 12:00 Noon

**PLEASE PRINT CLEARLY**

**Name of Chorus/Quartet:** \_\_\_\_\_

**Chorus/Quartet Contact Person:** \_\_\_\_\_

(Reservation confirmation will be sent to contact person)

**Daytime Phone # ( )** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**\*Please attach a tax exempt CES# to this reservation form. The hotel will only accept this form.**

**Reservation form must be accompanied by 1 night's deposit.**

**Credit Card #** \_\_\_\_\_ **EXP** \_\_\_\_\_

**Room Types**

Two Double Beds    King Size Bed

Rate per night: \$104.00 (1 – 4 people).

Please note that **ALL ROOMS ARE NON-SMOKING** and that a \$250.00 charge per day will be added to credit card if there is smoking detected in the room after check out.

**Make sure ALL information is complete on reservation form.**

**Please list each guest name, first and last. Please PRINT CLEARLY. If guest has any special needs, please indicate these special needs after their name.**