



2017 USAD National Competition

Individual Reservation Form

Completed reservation forms must be returned to Emily Rauber,
Group Rooms Manager, by **12:00 p.m. on Wednesday, April 5th, 2017.**

Address: 1 W. Dayton St. | Madison, WI 53703

Fax: 608-257-8454

Phone: 608-294-3010

Number of rooms requested:

Concourse Premier Level Single King Bed

\$159/\$159+14.5% Tax (single/double occupancy)

Concourse Premier Level Double Queen Beds

\$159/\$159/\$159/\$159+14.5% Tax (single/double/triple/quad occupancy)

Guest Contact Information

Contact Name - *Please print*

School/Organization Name

Address

City

State

Zip

Phone

Email

Arrival Date: _____

Departure Date: _____

WI School Tax-Exempt Number: _____

(Please enclose a copy of your tax-exemption letter if applicable).

Method of Payment (Please Circle):

Check

Cash

Credit Card

Credit Card # _____

Exp. date _____

Signature _____

Cancellations:

Any individual reservations must be cancelled 24 hours prior to arrival by 4:00 p.m. C.S.T. to avoid a cancellation charge.

Rooming List

Include names of all individuals occupying each room.

Room 1 - Name (Last, First)

- 1
- 2
- 3
- 4

Room 2 - Name (Last, First)

- 1
- 2
- 3
- 4

Room 3 - Name (Last, First)

- 1
- 2
- 3
- 4

Room 4 - Name (Last, First)

- 1
- 2
- 3
- 4

Room 5 - Name (Last, First)

- 1
- 2
- 3
- 4