

March 13-15, 2018 MIDWEST POULTRY FEDERATION CONVENTION

MINNEAPOLIS CONVENTION CENTER, MINNEAPOLIS, MN

RESERVE ONLINE:

http://www.midwestpoultry.com

RESERVE BY PHONE:

9:00am – 3:00 p.m. CST, Mon – Fri 1-888-947-2233 Domestic 1-612-767-8200 International callers

Please have your credit card number and your arrival and departure dates ready.

RESERVE BY MAIL:

MPF Housing Department 250 Marquette Ave S., Suite 1300 Minneapolis, MN 55401

RESERVE BY FAX:

1-612-767-8201

You may also email housing@minneapolis.org with any inquires, changes or cancels.

Only submit room request(s) once. By submitting multiple methods, you risk duplicate reservations being made.

- If more than one room is required, please photocopy this form to make additional requests.
- Duplicate names are not permitted.
 All final guest names are required by February 9, 2018.
- Only completed forms will be accepted.
- Room types are assigned on a firstcome, first-served basis.
- If your preferred hotel is not available, you will be assigned the next available property listed and/or the closest to the event.
- Allow up to 2 business days to receive your hotel acknowledgement. Review all information for accuracy.
- If you have not received your hotel acknowledgement by Friday, February 9, please contact the MPF Housing Department at housing@minneapolis.org.
- The deadline is Friday, February 9, 2018. Reserve your room by February 9, to receive the group discount on a space available basis.

Deadline:

Friday, February 9, 2018

CONTACT INFORMATION	ON: Please pri	int clearly to avoid delay	s in assignment.	
Name:				,
Address:				
Address:				
City:	State:	Zip Code:	Country:	
Phone:		Fax:		
		ived if email filters are in our safe senders list.	place, so please add	
HOTEL PREFERENCE: include applicable state and local taxe			double room occupancy. Rate	s do not
 ☐ Hilton Minneapolis – Hea ☐ Hyatt Regency – \$164.00 ☐ Millennium Hotel Minnea 	, 2 blocks from	n the event		
► Arrival Date	▶	Departure Date_		

NAME(S) OF ALL OCCUPANTS SHARING ROOM, INCLUDING SELF:

Last Name	First Name	Arrival Date	Departure Date
Maximum room occupancy is four (4) per city code.			

If you wish a second acknowledgement to be sent to someone other than the contact above, please provide email address:

Additional email address:

ROOM TYPE REQUESTED:

☐ King Bed	□ 2 Double	Beds	NOTE: All hotels are 100% non-smoking.
□ Wheelchair A	ccessible	Other:	

Number of guests in room: 1 2 3 4

CANCELLATION POLICY:

A major credit card is required to book your room. Credit cards are used for guarantee purposes only and are not charged to hold a reservation. Early departures are subject to penalty fees set by the hotel. A charge of one (1) night's room and tax will be applied if you do not cancel and do not arrive (no-show).

STARTING MONDAY, JANUARY 1, 2018, CANCELLED RESERVATIONS WILL BE CHARGED ONE NIGHT'S ROOM AND TAX. Credit cards will only be charged if cancelled within the penalty period.

☐ American Express	☐ MasterCard	□ Visa	☐ Diner's Club	☐ Discover Card
Card No				Expiration Date
Name of Card Holder			Signature	