

**Missouri Municipal League
Springfield, Missouri
September 7 – September 10, 2008**

Hotel Reservations By:



HOTEL RESERVATION FORM

SUBMIT YOUR FORM TO SCVB BY ONE OF THESE METHODS BY AUGUST 6, 2008.

Internet Web Site: www.springfieldmo.org/housing
 Fax: (417) 881-7201
 Mail: SCVB / MML
 815 E. St. Louis, Suite 100
 Springfield, MO 65806
 Phone: Reservations NOT accepted by phone.

- **ONE RESERVATION PER FORM.** (You may make copies as needed)
- Rank all hotels one (1) through five (5) with one being your first choice.
- All rates listed are flat rates (1-4 ppl) and do not include applicable taxes.
- Shuttle service will be provided from all hotels to the Convention Center.
- Guestrooms available Saturday night, September 6 – Tuesday night, September 9, 2008.
- All reservations, changes, and cancellations should be made directly with the SCVB prior to the August 6th deadline. After August 6th, contact the hotel directly.
- All reservations must be guaranteed with credit card. Some hotels will accept a check for payment but your initial reservation will require credit card information to reserve your room.

ALL INCOMPLETE FORMS WILL BE RETURNED UNPROCESSED

DATES:

Check In Day/Date: _____

Check Out Day/Date: _____

Number of Nights Staying: _____

(Subtract your check out date from your check in date)

ROOM TYPE: (Check One)

1 Bed (1 – 2 persons) (typically queen or king bed)

2 Beds (2 – 4 persons) (typically 2 double beds)

Either (Check here when you will accept either room type if it means getting into your hotel of choice)

Note: The amount of rooms with 2 beds is limited at most hotels. If you can use a room with 1 bed, please indicate so. If you do not, and rooms with 2 beds are not available, you will be placed in your second choice.

LODGING PREFERENCES: (Reservation Deadline: AUGUST 6, 2008)

Please rank all hotels 1 – 5 according to preference with one being your first choice hotel.

_____ Doubletree Hotel Springfield - \$89.00

2431 N. Glenstone Ave.

_____ Drury Inn & Suites - \$89.99

2715 N. Glenstone Ave.

_____ University Plaza Hotel - \$99.00– (Minimum three (3) night stay REQUIRED)

333 John Q. Hammons Parkway

_____ Holiday Inn Express - \$104.00

1117 E. St. Louis St.

_____ Holiday Inn Hotel & Suites - \$94.00

2720 N. Glenstone Ave.

DELEGATE INFORMATION:

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (_____) _____ - _____

Evening Phone: (_____) _____ - _____

Fax #: (_____) _____ - _____

E-mail: _____

SHARING ROOM WITH (First & Last Name)

1. _____ 3. _____

2. _____ 4. _____

PAYMENT INFORMATION:

AmEx Discover MasterCard VISA

Credit Card #: _____ -- _____ -- _____

Exp. Date: ____ / ____ Signature: _____

Special Requests: _____

(Special Requests such as smoking / non-smoking are requests only and will be accommodated by the hotel if at all possible)