

**REGISTER ON-LINE:**

www.freepress.net/conference

**TELEPHONE RESERVATIONS:**

Toll Free: 1-888-947-2233, Code 3123  
Monday - Friday, 9:00 a.m. – 3:00 p.m. CST.  
Please have credit card and arrival and departure dates ready.

**MAIL FORM TO:**

Free Press Housing Bureau  
c/o Meet Minneapolis  
250 Marquette Ave S, Suite 1300  
Minneapolis, MN 55401

**FAX REGISTRATION FORM:**

612-767-8201

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

- Photocopy this form if more than one room is required.
- Only one room may be requested under each name.
- Allow up to 3 business days for your acknowledgement for your accommodations. Review all information for accuracy. Upon submission of your reservation, acknowledgements are generated by e-mail (immediately), fax (within the hour) or mail.
- Cancellations confirmed by a check – eligible refunds will be sent after the event.
- If your acknowledgement of your accommodations has not been received by May 9, please contact the Housing Bureau.

**Reserve your room by May 9, 2008, to receive the group discount on a space available basis.**

**RESIDENCE HALL:**

Middlebrook Hall, West Bank U of M Campus

Single Occupancy - \$50.00 per night.  
Taxes are included and room rate includes breakfast.

► Arrival Date \_\_\_\_\_

► Departure Date \_\_\_\_\_

**DEPOSIT METHOD:**

A deposit is required to reserve your reservation. After May 9, cancellations and/or cancelled room nights are non-refundable. Any "no-shows" will be treated as a cancellation.

**CREDIT CARD:**

After May 9, 2008, cancellations and/or cancelled room nights are non-refundable. Any "no-shows" will be treated as a cancellation. Your charges will be processed by the Free Press Housing Department. Your statement will show the charges for your room accommodations from Meet Minneapolis.

**CHECK:**

Checks should be made payable to Meet Minneapolis. After May 9, 2008, cancellations and/or cancelled room nights are non-refundable. Any "no-shows" will be treated as a cancellation.

Card No. \_\_\_\_\_ Exp \_\_\_\_\_

Name \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_

Check No. \_\_\_\_\_ Amount \_\_\_\_\_

**CONFIRM RESERVATION TO:**

(Only one acknowledgement will be sent)

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

*Please Print Clearly*

**NAME OF OCCUPANT:**


1. \_\_\_\_\_

Gender: \_\_\_\_\_

I am under the age of 18.

**ROOM REQUESTS:**

The public areas and all rooms are non-smoking.

ADA accessible room required 

Please list any requests here: \_\_\_\_\_

NOTE: Every effort will be made to accommodate your request by the residence hall, but there is no guarantee.