



**Wisconsin Association of FFA - 2019 State Convention
June 10-13, 2019
Alliant Energy Center - Madison, Wisconsin**

RESERVATIONS MUST BE RECEIVED BY MONDAY, MAY 13

1. ONE ROOM reservation PER FORM please – this form may be duplicated.
2. Reservations are processed in the order they are received.
3. DO NOT SEND PURCHASE ORDER, CASH OR CHECK PAYMENT WITH THIS FORM. All Purchase Orders should be faxed or mailed directly to the assigned hotel once you receive confirmation from the hotel.
4. The Housing Bureau is NOT responsible for assigning shared rooms. If your group is willing to share rooms with another group, you need to contact the cooperating group before submitting your reservation.
5. Fax or mail form(s) directly to Destination Madison. Please DO NOT telephone hotels for reservations.
6. Once your reservation has been submitted, you should receive an acknowledgment email immediately via the Madison Housing Bureau (services@visitmadison.com). Once the hotel has assigned your confirmation number(s), you will receive your official confirmation email. *Please note: This may take up to 72 hours from when you receive your acknowledgement email.*
7. If you need to modify or cancel your reservation, please refer to the link provided at the bottom of your confirmation e-mail. Please **do not** contact the hotel directly to modify or cancel unless it is within 72 hours of your arrival.

(Please print or type)

HOTEL PREFERENCE

Please list as many hotels as possible so that we can place you in a hotel of your choice.

1st _____ 2nd _____ 3rd _____

ARRIVAL
DATE _____

DEPARTURE
DATE _____

PLEASE CHECK TYPE OF ACCOMMODATIONS (room type not guaranteed)

BED Single (1 bed, 1 person) D/D (2 beds, 2 people) Quad (2 beds, 4 people)
 Double (1 bed, 2 people) Triple (2 beds, 3 people)

Special Requests (Non-Smoking, Roll-Away Bed, etc.): _____

NAME(S) RESERVATION SHOULD BE LISTED UNDER: _____

PURCHASE ORDER NUMBER: _____

OR

CREDIT CARD NUMBER: _____ TYPE: _____ EXP. DATE: _____

BILLING INFORMATION

PRIMARY CONTACT'S NAME: _____

SCHOOL/GROUP NAME: _____

SCHOOL/GROUP ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ SCHOOL PHONE: _____ EXT. _____

CONTACT E-MAIL ADDRESS: _____

CONTACT'S SIGNATURE: _____ TODAY'S DATE: _____

Return this form by mail
or FAX: 608.441.7010
by Monday, May 13

To: Madison Housing Bureau
c/o Destination Madison
22 E Mifflin Street, Suite 200 • Madison, WI 53703

destination
madison