

Returning to the Horseshoe Casino

HOTEL RESERVATIONS FORM

Tuesday, October 15 & Wednesday, October 16, 2019



Cut-off Date: Friday, September 20, 2019

Make your hotel reservations by completing the form below. All hotel reservations will be handled through the TGEF office. Complete this form and email to TGEF@tngrocer.org. A confirmation will be provided to you by email. Reservations made by phone will be assessed a fee of \$10 plus current sales tax, per reservation.

A special room rate of **\$50** per night is available at the **Horseshoe Casino & Hotel in Tunica**. A daily resort fee of \$14.99 per room, per night plus room tax of 10% (tax is subject to change), will be charged in addition to the room rates set forth above. This fee includes unlimited local phone calls, two (2) guest admissions per day to the Fitness Center and basic WIFI to include two (2) devices per room per day. Additional persons will be charged at a rate of \$10 per person, per night, with a maximum of four (4) persons per guestroom.

Your cut-off date for reservations is **September 20, 2019**. Any reservation request received after that time may be accepted on "space available" basis at the prevailing hotel rates.

All reservation requests must be accompanied by a credit card guarantee to secure a hotel room. Room accommodations are filled on a first come, first served basis.

Check-in time is 4:00 p.m. and check-out is 11:00 a.m. Any departures after 11:00 a.m. are subject to the full day charge.

All cancellations must be sent in writing to TGEF@tngrocer.org by October 10. Hotel shall charge the individual one (1) night's guaranteed guestroom rate plus tax for cancellation or failure of the individual to check-in on the scheduled arrival date.

Contact Information

Company: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Guest Information

Hotel Room #1

Arrival Date _____ Departure Date _____

Room Type: 2 Double Beds King Size Bed

Smoking: Smoking Non-Smoking

List names of all room occupants:

1. _____

2. _____

Hotel Room #2

Arrival Date _____ Departure Date _____

Room Type: 2 Double Beds King Size Bed

Smoking: Smoking Non-Smoking

List names of all room occupants:

1. _____

2. _____

Hotel Room #3

Arrival Date _____ Departure Date _____

Room Type: 2 Double Beds King Size Bed

Smoking: Smoking Non-Smoking

List names of all room occupants:

1. _____

2. _____

Hotel Room #4

Arrival Date _____ Departure Date _____

Room Type: 2 Double Beds King Size Bed

Smoking: Smoking Non-Smoking

List names of all room occupants:

1. _____

2. _____

Payment Information

Cardholder Name: _____

Card Number: _____ Exp: _____

Signature: _____

Return completed form to:
Tennessee Grocers Education Foundation
Email: TGEF@tngrocer.org
(615) 889-0136, Ext. 4