

# ASSOCIATION OF IOWA FAIRS – 2023 CONFERENCE & ANNUAL MEETING

## ASSOCIATE MEMBER MOTEL ROOM INFORMATION

*Room reservations are placed with the AIF. Do not send motel information to the Airport Holiday Inn.*

*Room reservations will not be honored unless arranged by the AIF.*

- Reservations are cancelled at 6:00 p.m. unless guaranteed by a major credit card or by sending a check or money order in the amount of \$100 as a deposit. **Make check out to "Airport Holiday Inn".**
- Check-in 3:00 p.m. & Check-out Noon.
- All requests for the group listed below must be received by the hotel 3 weeks prior to the arrival date.
- All requests are honored on an "If Available" basis.
- Room reservation cancellation policy requires all cancellations to be made "day prior to arrival".
- Guests will have up until 4:00 p.m. the day prior to arrival to cancel their reservation without penalty.
- Room rates per night at the Airport Holiday Inn are as follows (*plus local and state taxes & surcharges*);
  - Sleeping room (not to be used for 'business'), \$115
  - Courtyard rooms (with patio door facing Courtyard), \$215
  - Rooms 178 & 182, \$215; Suites 158, 160, 258 and 358, \$275
  - Suites 133, 233 & 333: \$140 (if used for sleeping only); \$275 (if used for display)

**Room Reservation Form due to AIF Office by October 15**

Associate Member									
Contact Person									
Address				City, State, Zip					
Primary Phone Number			E-Mail						
<b>NAME OF PERSONS RESPONSIBLE FOR ROOM</b> <i>Print Clearly or Type -- List couples on one line.</i>				ARRIVAL DATE	DEPARTURE DATE	SINGLE (1 PERSON)	KING BED (1-2 PERSONS)	2 TWIN BEDS (2-4 PERSONS)	NUMBER OF PERSONS IN ROOM

**NOTE: ROOMS AT THE AIRPORT HOLIDAY INN ARE LIMITED – SOME OF YOUR ROOMS MAY BE PLACED WITH AREA HOTELS. INDICATE THOSE PERSONS THAT ARE LISTED WHO CAN BE PLACED AT AREA HOTELS.**

Special Requests:	
-------------------	--

*Make Check payable to "Airport Holiday Inn" or fill out credit card information below ...*

<b>CREDIT CARD INFORMATION</b>			
Type:		Expiration Date:	
Credit Card #:		Security Code#:	
Credit Card issued to (name on card):			

Send completed form, along with check for room guarantee (unless using credit card) via first class mail to:  
**Association of Iowa Fairs, 242 8<sup>th</sup> Avenue West, Cresco, IA 52136**  
*Faxed Copies Not Accepted -- Make a copy for your records.*  
**Completed form & room deposit must be received by the AIF by October 15 to guarantee room.**  
*Room requests received after October 15 may not be honored.*