

LODGING FORM *for Grand Hotel*

Please Print

Name/Organization

Company

Mailing Address

City State

Phone Fax

Payment Information

_____ Check enclosed in the amount of \$ _____
payable to Grand Hotel in Salem

_____ VISA _____ MasterCard _____ Discover

_____ Credit Card Number _____

_____ Cardholder Name

_____ CID _____ Exp.MM/YY

_____ Billing Address (if different from above)

_____ Cardholder Signature

Amount Charged to Credit Card \$

CANCELLATION POLICY

Lodging cancellations must be made 24 hours prior to arrival for a refund. Should any guest choose to check out prior to confirmed departure date, an early check out fee of 50% of the contract room rate will apply.

Mailing Address for Payments:

Grand Hotel in Salem
Reservations
201 Liberty St. SE
Salem, OR 97301

503-540-7800
877-540-7800 *toll free*
503-589-1715 fax
grandhotelsalem.com

Salem Conference Center
200 Commercial St. SE
Salem, OR 97031

2021 Conference Dates

Tuesday, April 13 - Wednesday, April 14, 2021

Reservation Information

Group Name: Oregon Dairy Industries

Photocopy this form and send with check to Grand Hotel in Salem (address below). Room category is based on availability and assigned at time of reservation. Remember to identify yourself with ODI for these rates.

Reservation Deadline: February 28, 2021

Credit Card Guarantee: All reservations received ***must*** be guaranteed with a credit card number or an enclosed first night advance room deposit.

Phone reservations: paid by credit card (*see numbers below*).

Check in: 3:00pm **Check out:** on day of departure by 11:00am.

Room Rates Per Night

Room Category	Single	Double
Deluxe King	\$139	\$149
Deluxe Double Queen	\$149	\$159

Room rates are for 1-2 occupants, additional persons @ \$20/night. These group rates will be offered 2 days before and 2 days after the conference. All room rates are subject to a 10% room tax. Enter room preference below:

Room Type Selected:

Locate my room near the elevator

Do NOT locate my room near the elevator

Arrival Date: _____

Departure Date: _____