

2424 S. Mission St.
Mt. Pleasant, MI 48858

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BY CHOICE HOTELS

CMU Reservation Form

Reservation Information

CMU Employee requesting reservation _____

CMU Department _____

Phone # _____ Fax # _____

Guest Name _____

Arrival Date _____ Departure Date _____

Bedding Preference _____ Number of Rooms _____

Confirmation Email Yes or No Email _____

Request Receipt Emailed upon Check out Yes or No

Special Requests _____

Additional Guests _____

Billing Information

Card Type _____ Expiration Date _____

Card Number _____

Name on Card _____

Billing instructions Room and Tax or All

Front Desk Only

Confirmation # _____ Date _____ Agent _____

Confirmation Sent Yes or No

Name of person Cancelling _____

Cancellation # _____ Date _____ Agent _____

Cancellation Sent Yes or No