



COUNTY ROAD COMMISSIONS' INSURANCE CONFERENCE



May 6, 2013

Dear Members:

We are pleased to inform you that the County Road Association Self-Insurance Fund and the Michigan County Road Commission Self-Insurance Pool will be holding their annual membership meetings on July 24 and 25 at the Soaring Eagle Resort in Mt. Pleasant.

The planned schedule is as follows:


- July 24, Wednesday:
 - 9:30 -11:30 CRASIF Loss Prevention Program
 - 11:30 -12:30 Lunch
 - 12:30 - 2:30 CRASIF Annual Business Meeting
 - 2:30 - 3:00 Break
 - 3:00 - 5:00 MCRCSIP Workshop
 - 5:30 - 6:30 Social Hour
 - 6:30 - Dinner
- July 25, Thursday
 - 7:30 - 8:15 Breakfast
 - 8:30 - 11:30 MCRCSIP Annual Business Meeting

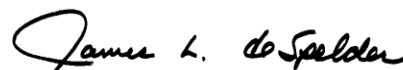
Check-in will be from 7 am to 3 pm on Wednesday and from 7 am to 8:30 am on Thursday in the corridor outside of the Swan Creek Saginaw Room.

You can register for one or both meetings using the registration form enclosed, or you can use our online registration form. Links to the online form can be found on both of our websites. The cost of registration is \$25.00 per person and includes both programs, Wednesday's lunch and dinner, and breakfast on Thursday morning. **We need your registration by July 2.**

For those of you desiring lodging at the Resort, a block of rooms has been reserved. A Soaring Eagle reservation form is enclosed. If you wish to make your reservations online, you may do so at www.soaringeaglecasino.com. Our online registration form also has a link to the reservation form. **Our group number is 9940II. Please note that the Soaring Eagle needs your reservations by July 2.**

We look forward to seeing all of you in July!


Gayle A. Pratt
MCRCSIP Administrator


James L. deSpelder
CRASIF Administrator



COUNTY ROAD COMMISSIONS' INSURANCE CONFERENCE
CRASIF & MCRCSIP ANNUAL MEMBERSHIP MEETINGS
REGISTRATION FORM
July 24-25, 2013

Mail this form with payment to:

Dept. #77943
Michigan County Road Commission Self-Insurance Pool
P.O. Box 77000
Detroit, Michigan 48277-0943



REGISTRANT

(Please only one registrant per form - photocopy additional forms as needed)

Name: _____

Title: _____

County: _____

Phone: _____

Fax: _____

SESSION SIGN-UP

(Please check session(s) you will be attending)

_____ CRASIF Loss Prevention Program - July 24

_____ MCRCSIP Workshop - July 24

_____ CRASIF Business Meeting - July 24

_____ MCRCSIP Business Meeting - July 25

SPOUSE/GUEST REGISTRATION

(Only necessary if attending meal functions)

Name: _____

REGISTRATION FEE *

(Make check payable to MCRCSIP)

Postmarked on or before July 2, 2013

REGISTRANT

\$25.00

GUEST

\$20.00

Postmarked after July 2, 2013

\$30.00

\$25.00

Total Amount Enclosed:

\$ _____

*Fee includes buffet luncheon and dinner on July 24 and buffet breakfast on July 25.

CANCELLATION POLICY

Non-Refundable if cancelled after July 12, 2013

for office use only

Postmark Date: _____

Check Number: _____

Amount Paid: _____



To reserve your overnight accommodations or modify an existing reservation, please complete this form and fax or mail it by 7/2/13 to: **Soaring Eagle Casino and Resort, 6800 Soaring Eagle Boulevard, Mt. Pleasant, MI 48858, Attention: Room Reservations, FAX # (989) 775-5686.** Please print your information clearly. You may also reserve accommodations at www.soaringeaglecasino.com, Reserve Now!, Group Code: **9940II** or call 877-232-4532, Opt.# 1 for Reservations. **For prompt confirmation, please completely fill out form.**

**Michigan County Road Commission Self Insurance Pool
County Road Association Self Insurance Fund**

Arrive: Tuesday, July 23, 2013 - Depart: Thursday, July 25, 2013

Name of guest(s) _____
occupying the room: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Daytime () _____ Fax #: () _____

Arrival Date: _____ Departure Date: _____

Player's Club Number _____ E-Mail Address: _____ ☐

Please list the room type you would prefer (Please mark 1st and 2nd choice)

Smoking and Non-Smoking rooms are available, however, we cannot guarantee which type you will receive. We will do our best to accommodate all of your requests. ****Rates quoted are per night.****

_____ (\$125.00) First Class Room – 1 King Bed
_____ (\$125.00) First Class Room – 2 Queen Beds

There will be a \$10.00 per person charge nightly for the third and fourth person in a room over the age of 6.

All rates are subject to a Tribal tax and a Resort fee. If this reservation is being paid for by tax exempt organization funds, then, a copy of the Sales Tax Exemption Certificate form # 700, generated by the Saginaw Chippewa Indian Tribe (SCIT), must be sent at the time with the accompanying reservation form. Form #700 must be in the organization's name. For information on how to apply for tax exemption with the SCIT, please visit our website www.soaringeaglecasino.com under Hotel Conference Center. Tax exempt reservations cannot be paid for with personal funds. Tax exempt status must be resolved 72 hours prior to the day of arrival.

With the following requests:

_____ Smoking _____ Non-Smoking _____ Barrier Free Room _____ Hearing Accessible Room

How many adults in room? _____ How many children? _____ Ages _____

All reservations must be guaranteed with an advance payment of either a check or credit card for a minimum of one night's lodging along with this form. If you are using a credit card, your card will be charged for the advance payment at the time this reservation is made.

Credit Card Number: _____

(Diners Club)
Expiration Date: _____ Type of Card (MC/Visa/Amer Exp): _____

Please mark one choice:

Bill Credit Card for all nights at this time _____ OR Bill Credit Card for 1st night only at this time _____

Name of Cardholder: _____

Signature: _____

You will receive a confirmation letter within 7-10 business days at the address listed above. If you would like your confirmation letter e-mailed to you instead, please list the appropriate e-mail address and check the box next to it. You should receive your confirmation e-mail within 72 hours.

Please make sure your reservation request reaches the Resort by the date listed above to apply for a room that is held by the Group Block. After the date listed above, or should the Group Block be filled, rooms will be reserved based on availability. Group rates cannot be guaranteed. Reservations cancelled by 6:00 p.m., 3 days prior to arrival, will receive a full refund.

Check-In time is after 4:00 p.m.

Check-Out time is 11:00 a.m.

*****Please, One (1) room reservation per Group Reservation Request Form**