

# GROUP BLOCK

Staybridge Suites  
Great Falls, Montana



## TYPE OF BLOCK

### Courtesy

A specific quantity of each suite type will be available for this group at the rates indicated. No suites are being held out of our inventory and availability is not guaranteed. Group name must be used when making reservation to access these rates.

## GROUP INFORMATION

Group Name	Montana Livestock Expo OPEN	Group Code	MLI
Contact Name	Doug Kramer		
Contact Phone	306.520.3553	Contact Email	cramerexpomgmt@gmail.com

## DATES

Arrival Date	4/19/23	Departure Date	4/21/23	Drop Date	3/31/2023
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## RESERVATION INFORMATION

Rooming List		Due Date	
Self Call-In	X		

## SUITE INFORMATION

Suite Type	Suite Description	Rate
Studio Suite	1 room with queen bed, designated living room area and fully equipped kitchen	\$149*
1 Bedroom Suite with 1 Queen Bed	2 rooms with living room/sofa sleeper and kitchen in one room and 1 queen bed in bedroom	\$159*
1 Bedroom Suite with 2 Double Beds	2 rooms with living room/sofa sleeper and kitchen in one room and 2 double beds in bedroom	\$179*
1 Bedroom Suite with 1 King Bed	2 rooms with living room/sofa sleeper and kitchen in one room and 1 king bed in bedroom	\$169*

\*Room Rates quoted above do not include applicable taxes of 8% sales & lodging tax per room per night \$2 flat CVB tax per night

## GUARANTEE

All reservations within this block must be guaranteed with a valid credit card at the time the reservation is made. Guaranteed reservations that are a no-show may be charged a one-night lodging penalty if hotel is not notified of cancellation 24 hrs. in advance.

## PAYMENT ARRANGEMENTS

Please select which method of payment for lodging charges you will be using below:

Individual Guest Self-Pay	X	3 <sup>rd</sup> Party Credit Card Authorization - Requires completed CC Authorization Form prior to arrival	Direct Bill -Requires completion and approval of Direct Bill Application prior to arrival
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## CANCELLATION POLICY

Please notify hotel ASAP of any cancellations. Each reservation is subject to one night of lodging charges if not cancelled within 24 hours of arrival date or if guest is a "no show"

## STAYBRIDGE CONTACT

Name	Theresa Lobaugh, Sales Director	Phone	(406) 791-3503	Email	theresa@staybridgegreatfalls.com
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## GROUP ACCEPTANCE

The undersigned acknowledges that he/she has read, understands and acknowledges all terms and conditions of this agreement.

Authorized Signature		Date	
Printed Name			

Room rates, availability of guestrooms and all terms of this agreement are subject to the agreement being accepted and signed by the responsible individual for the organization/group within Five (5) business days of the date of the Agreement.