

KEYSTONE RESORT & CONFERENCE CENTER, COLORADO

Keystone Reservations * P.O. Box 38 * Keystone, Colorado 80435

Phone: 800-258-0437 Fax: 970-496-4343 KeystoneGroupRes@vailresorts.com

Additional Phone +1 (970) 496- 4240

GROUP NAME: SOC OF ECONOMIC GEOLOGIST

GROUP CODE: CK2EG1

RESERVATION DEADLINE: 8/30/10

GUEST ROOM RATES: (please indicate 1st, 2nd and 3rd preference of room size)

___ \$120 single	___ \$120 double	___ \$140 triple	___ \$160 quad	Inn at Keystone Hotel Room
___ \$140 single	___ \$140 double	___ \$160 triple	___ \$180 quad	Keystone Lodge & Spa Hotel Room
___ \$180 single	___ \$180 double	___ \$200 triple	___ \$220 quad	Keystone Lodge & Spa Loft Room
___ \$130 single	___ \$130 double			Conference Village Studio Bedroom Condominium
___ \$140 single	___ \$140 double	___ \$160 triple	___ \$180 quad	Conference Village One Bedroom Condominium
___ \$200 single	___ \$200 double	___ \$200 triple	___ \$200 quad	Conference Village Two Bedroom Condominium
___ \$120 single	___ \$120 double	___ \$140 triple	___ \$160 quad	Evergreen Neighborhood One Bedroom Condominium
___ \$180 single	___ \$180 double	___ \$180 triple	___ \$180 quad	Evergreen Neighborhood Two Bedroom Condominium
___ \$130 single	___ \$130 double	___ \$150 triple	___ \$170 quad	River Run One Bedroom Condominium

NUMBER OF PERSONS: _____ ADULTS: _____ CHILDREN 12 AND UNDER: _____

EXPECTED ARRIVAL DATE: _____ DEPARTURE DATE _____

NAME _____

GUEST (1) _____ GUEST (2) _____

GUEST (3) _____ GUEST (4) _____

Will above additional occupants be splitting the bill? * Yes _____ No _____

*If yes, each additional occupant is responsible for paying a deposit of the 1st night plus taxes. Please provide additional credit cards below

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

COUNTRY _____

HOME PHONE _____ OFFICE PHONE _____

FAX NUMBER _____ EMAIL _____

CREDIT CARD NUMBER _____ EXPIRATION (MM/YY) ___/___

NAME OF CREDIT CARD HOLDER _____

Additional CREDIT CARD NUMBER _____ EXPIRATION (MM/YY) ___/___

NAME OF CREDIT CARD HOLDER _____

To make reservations please call Keystone Reservations Department at 800-258-0437 (fax: 970-496-4343).

Transportation packages to include air and ground transfers are also available. Reservations can also be made by e-mail of this form to KeystoneGroupRes@vailresorts.com. A deposit of the 1st night plus taxes per reservation is due at time of booking (multiple reservations may share one unit if indicated above). After the deposit is confirmed a confirmation will be sent.

Lodging is limited and available on a first come basis. Requests for lodging received after 8/30/10 will be handled on a space available basis and room rates indicated in this Agreement will be honored. Additional persons in the room or unit are \$20.00 per night, per person. Children 12 and under stay free. A 5.9% surcharge, in addition to applicable state and local taxes will be added to your bill.

Check-in time is after 4:00 pm and check-out time is prior to 11:00 am.

Roommates and guests are the responsibility of each individual. If one person cancels, the other(s) will be charged the FULL RATE. No shows, late arrivals, and early departures, will be charged the full amount for the entire stay. Cancellations within 30 days of arrival are subject to forfeiture of the entire deposit amount. Cancellations outside of 30 days of arrival will result in return of lodging deposit, less a \$30.00 processing fee.

I, _____, authorize Keystone Resort to charge my deposit and understand the cancellation and other policies stated above.