

REQUEST FOR INFORMATION

Contact Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Function/Event: _____ Hotel Rooms: _____

Date(s) Needed: _____ Alt. Date: _____

Number of Attendees: _____ Speaker: _____

Catering: _____ Audio/Visual: _____

Notes: _____

Please fill out the following form, print, and send to the address below:
Ho-Chunk Gaming Wisconsin Dells
Group Sales Department
S3214 County Rd BD | Baraboo, WI 53965

