

HOTEL INFORMATION

Sioux Falls Sheraton Hotel & Convention Center

Sheraton Hotel & Convention Center
1211 N. West Avenue, Sioux Falls, SD
(605) 331-0100

We are going back to the Sioux Falls Sheraton Hotel and Convention Center this year! Located just minutes from the Sioux Falls Arena and Veterans' Memorial Park. Feel free to spend your leisure time away from the hotel by catching a ride to nearby destinations on the complimentary area shuttle! And don't forget to stay with us Saturday night to attend the Canaries Minor League Baseball Game!

On top of exceptional meeting space, the hotel offers great amenities such as an indoor pool, sauna, whirlpool and fitness center. The hotel also offers a complimentary shuttle to and from the Sioux Falls Regional Airport.

Room Rates and Reservations

Traditional/Executive Rooms - \$106/night

Reservations can be made by calling or going online!

Call (605) 331-0100 and mention the FoxFire Systems Group User Group Meeting

Reserve online by going to <https://www.starwoodmeeting.com/Book/FoxFireAttendee2018>

A block of rooms is reserved for the FoxFire User Group Meeting for Thursday, Friday and Saturday nights. When making your reservation, mention the FoxFire Systems Group User Group to get the discounted rates. The number of rooms reserved for this event are limited, call now to receive the discount. Room availability and rates will be provided on a first come first served basis.

Directions

From: Sioux Falls Regional Airport (FSD)

Drive South on Minnesota Ave approximately 1 mile to Russell St, Turn Right (West) on Russell Street, Travel approximately 1 mile and Turn Left (South) onto N West Ave. Sheraton is on the corner of Russell St and N West Ave.

From: Interstate 90 (I-90)

Take Exit 396A (I-29 South), Travel 2.5 miles to Exit 81 (Maple St/Russell Street/Arena and Convention Center), Turn left (east) on Russell St, Travel 1.75 miles to N West Ave, Turn Right (South) onto N West Ave. Sheraton is on the corner of Russell St and N West Ave.

From: Interstate 29 (I-29)

Take Exit 81 (Maple St/Russell Street/Arena and Convention Center), Turn left (east) on Russell St, Travel 1.75 miles to N West Ave, Turn Right (South) onto N West Ave. Sheraton is on the corner of Russell St and N West Ave.

For questions or concerns regarding the rooms, please contact the Sheraton at (605) 331-0100

REGISTRATION FORM

Please read all instructions and complete the registration form as directed.

Company Name: _____

Contact Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Phone Number: _____

Please complete the following information for each registering attendee. Names provided on this list will be used for printed badges. Indicate meals needed so that we can plan accordingly. Indicate any dietary restrictions below.

Dr. | Mr. | Mrs. | Ms. _____ (Fri) Bkfast ___ Lunch ___ Dinner ___ (Sat) Bkfast ___ Lunch ___

Dr. | Mr. | Mrs. | Ms. _____ (Fri) Bkfast ___ Lunch ___ Dinner ___ (Sat) Bkfast ___ Lunch ___

Dr. | Mr. | Mrs. | Ms. _____ (Fri) Bkfast ___ Lunch ___ Dinner ___ (Sat) Bkfast ___ Lunch ___

Dr. | Mr. | Mrs. | Ms. _____ (Fri) Bkfast ___ Lunch ___ Dinner ___ (Sat) Bkfast ___ Lunch ___

Dr. | Mr. | Mrs. | Ms. _____ (Fri) Bkfast ___ Lunch ___ Dinner ___ (Sat) Bkfast ___ Lunch ___

Dr. | Mr. | Mrs. | Ms. _____ (Fri) Bkfast ___ Lunch ___ Dinner ___ (Sat) Bkfast ___ Lunch ___

Dr. | Mr. | Mrs. | Ms. _____ (Fri) Bkfast ___ Lunch ___ Dinner ___ (Sat) Bkfast ___ Lunch ___

Dr. | Mr. | Mrs. | Ms. _____ (Fri) Bkfast ___ Lunch ___ Dinner ___ (Sat) Bkfast ___ Lunch ___

Guests may be included for all meals by registering them below. A \$100 fee per guest will be charged to accommodate.

Dr. | Mr. | Mrs. | Ms. _____ (Fri) Bkfast ___ Lunch ___ Dinner ___ (Sat) Bkfast ___ Lunch ___

Dr. | Mr. | Mrs. | Ms. _____ (Fri) Bkfast ___ Lunch ___ Dinner ___ (Sat) Bkfast ___ Lunch ___

Dr. | Mr. | Mrs. | Ms. _____ (Fri) Bkfast ___ Lunch ___ Dinner ___ (Sat) Bkfast ___ Lunch ___

Will you be attending the Canaries game Saturday night? ___ Yes ___ No

Please indicate any dietary restrictions/allergies/requests:

REGISTRATION FORM

Registration Fee:

Each Attendee: \$300

Each Guest: \$100

Number of attendees: _____ x \$300 = \$ _____

Number of Guests: _____ x \$100 = \$ _____

Total Amount Due: \$ _____

Pay by Check - Mailed to the Address Below (*option only available for full payment*)

Pay by Credit Card

VISA AMEX DISCOVER MC

Name _____ on _____ Card: _____

_____ Card Number: _____

_____ Exp _____ Date: _____

_____ CVV: _____

Signature: _____

If you have any additional questions or comments please leave them below:

If you are paying by check, please mail registration form and check to the address below. Credit card payments may be made by filling out the credit card portion above or by calling 800-333-4176. Once completed, please return the form by mail, email or fax to:

FoxFire Systems Group
3605 West Teem Drive
Sioux Falls, SD 57107
Fax: (605) 977-1245
morgank@foxfiresg.com

We look forward to seeing you at the 2018 User Group Meeting!