

## 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

**Reservations can be made by calling the hotel directly.**

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

## 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: \$350**

**Each Guest: \$100**

Number of attendees: \_\_\_\_\_ x \$350 = \$ \_\_\_\_\_

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](mailto:morgank@foxfiresg.com)

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