

This form has been created in order to allow you to have **third party expenses charged to your credit card**. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please return the completed form by September 8, 2016 to secure fax line (202) 387-5386 at the Marriott Wardman Park Hotel.

Cardholder Information

Name as it appears on the credit card: _____

Card type: ☐ Visa ☐ MC ☐ Amex ☐ Diners/CB ☐ Discover ☐ JCB

Account type: ☐ Individual (personal credit card)

☐ Corporate | Company Name: _____

Account number: _____ Exp. Date: _____

Address:

(where statement is mailed)

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

School Information

School Name: _____

Billing Contact: _____ Fax or alternate number: _____

Contact's Email address: _____

Arrival date: _____ Departure date: _____

Relation to cardholder: ☐ Self ☐ Friend ☐ Business Associate ☐ Other: _____

Card Usage

Please indicate what you would like charged on this card:

School's Interviewing Suite(s): First Suite # _____ Second Suite # (if applicable) _____

☐ \$200 Deposit

☐ Nightly Room and Tax ☐ Occupant Incidentals

Individual Recruitment Team Guest Rooms:

☐ Nightly Room and Tax ☐ Occupant Incidentals

(Please complete Individual Recruitment Team Guest Rooms section on back).

Room Service (Hospitality)

☐ Credit card is mandatory to guarantee service.

(Please complete Room Service (Hospitality) section on back).

I certify that all information is complete and accurate. I hereby authorize the Marriott Wardman Park Hotel to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Main Interviewing

Suite Room Numbers: _____

Second Interviewing

Suite Room Numbers: _____

FOR HOTEL USE ONLY

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Individual Recruitment Team Guest Rooms

Please provide a list of the recruitment team members whose you would like charged on this card. You may change this list prior to the start of the Faculty Recruitment Conference. For additional space, please provide an additional sheet of paper. **Providing this list does not mean you are making a reservation. If you haven't already done so, contact the Marriott directly to make team member reservations.**

Guest	Confirmation Number	Arrival Date	Departure Date

Rate Information and Approved Charges

Room rate:* Taxes:* Total daily rate:* Number of nights: _____

*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

- ☐ All Charges ☐ Room & Tax ☐ Telephone (LD) ☐ Telephone (Local) ☐ Restaurant
☐ Room Service ☐ Valet (Laundry) ☐ Parking ☐ HS Internet Access ☐ Movies
☐ Other: _____

Room Service (Hospitality)

Credit card is Mandatory for guarantee of Service – if paying with a check this must be given to Event Manager at the beginning of the conference and the credit card will not be charged.

- All credit cards will be authorized three (3) days prior to the event for pre-orders.
- Expect an EMAIL (preferred method of planning communication) of your invoice to be sent to you within two weeks following the last day of the conference.
- EMAIL Address of the person who is to receive the final invoice MUST be on this form.
- If you have any billing issues – please contact Jackie Lazo directly at Jacqueline.S.Lazo@marriott.com or by phone at (202) 328-2947.

Please provide the following information:

Main Contact: _____
 Main Contact's Phone number: _____
 Main Contact's Fax number: _____
 Main Contact's Email address: _____
 On Site Contact: _____

Please return by fax or mail no later than September 8, 2016 to:
 Ms. Jackie Lazo, Group Billing Coordinator
 Marriott Wardman Park Hotel
 2660 Woodley Road, N.W.
 Washington, DC 20008
 FAX: (202) 387-5386