



GUEST ROOMS

This form has been created 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 October 2, 2017 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 Room(s): First Room # _____ Second Room # (if applicable) _____

\$200 Deposit Required

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 next page).

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 need 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)

Please return by fax or mail no later than October 2, 2017 to:

Ms. Lan Thai, Group Housing Coordinator
Marriott Wardman Park Hotel
2660 Woodley Road, N.W.
Washington, DC 20008
FAX: (202) 387-5386

Questions upon departure (866) 435-7627 or mbs.customer.svc@marriott.com

Note e-folios will be available five (5) days after departure