

Hotel Reservation Form – MANTS 2018

USE THIS FORM FOR MAILING OR FAXING ONLY - PLEASE USE ONE FORM PER ROOM.
MAKE COPIES AS NEEDED. SEE FAX AND MAILING INSTRUCTIONS BELOW.

Please provide the information requested below:

Arrival Date: _____ Departure Date: _____

Hotel Selection: *(List three choices in order of preference):*

First: _____ Second: _____ Third: _____

Reservations are processed on a first come, first served basis. If all three requested hotels are unavailable, do you want this reservation processed according to:

_____ Comparable room rate _____ Proximity to conference site
Room Type:

Adults to occupy room: _____ # beds requested in room: _____

List all room occupants *(if children, list names and ages):*

_____ Non-smoking room requested _____ Special Needs: _____

Send Confirmation To:

Last Name: _____ First Name: _____

E-mail Address: _____

Daytime Phone: _____ Fax: _____

(If number is not within the US, please provide the ENTIRE number the US will need to dial to reach you)

Company/Institution (if applicable): _____

Address: _____

City/State/Province: _____

Zip/Postal Code: _____ Country: _____

Deposit Information: All hotels require a credit card guarantee or check deposit of one night's room and tax with each room requested. A separate form and check/payment is required for each hotel being used.

Payment Information:

Credit Card *(please check one)*: _____ American Express _____ MasterCard _____ Visa _____ Other

Card #: _____ Expiration Date: _____ 3 Digit Code: _____

Name on Card (please PRINT): _____

Please make checks payable to **Visit Baltimore/MANTS Housing** and fax to 410-659-8398;

Or, Mail your form(s) and payment to: **100 Light Street, 12th Floor, Baltimore, MD 21202**