

# Hotel Reservation Form – MANTS 2020

**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: \_\_\_\_\_ *(room type cannot be guaranteed)*

# 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: **400 E. Pratt St. Floor 10, Baltimore, MD 21202**