

HOTEL RESERVATION FORM - TG 2005

Family (Last) Name _____ Given (First) Name _____

Name of Institution _____

Mailing Address _____

City _____ State/Province _____

Postal/Zip Code _____ Country _____

Telephone _____ Fax _____

(Please include Country Code and City/Area Code for phone and fax)

Email _____

Sharing Room with _____

Arrival Day/Date _____ Departure Day/Date _____

Requests (Check all that apply) Smoking Non-Smoking

1 King Bed 2 Double Beds Rollaway Requested (US\$ 25/Day)

Special Needs _____

DEPOSIT

Check enclosed, payable to New York Marriott Marquis,
for one night's room and tax: US\$ _____

Credit Card Deposit for one night's room and tax: US\$ _____
(Credit card will not be charged until check-in or if reservation is not canceled at least 48 hours prior to your arrival date.)

Credit Card:
 Visa Mastercard American Express Discover Diner's Club

Card No. _____ Expiration Date
M M Y Y

Cardholder's Name _____

Cardholder's Signature _____ Date _____

Billing Address _____
(If different from above)

Hotel Reservation Deadline: Monday, June 13, 2005

Please send all hotel reservations directly to the Marriott:

New York Marriott Marquis Hotel

1535 Broadway, New York, NY 10036 (USA)

Telephone: 1.800.843.4898 (North America only) • (+1)212.704.8700

Fax: (+1)212.704.8930

www.marriott.com/nycmq

TG 2005 Group Rates:

Single or Double Occupancy – US \$199

US \$25 for each additional person and for rollaways

All rates are subject to New York lodging tax (currently 13.25%) plus US \$2 per night occupancy fee. (Total: US\$227.37)

TG 2005 Group Code: **TEMTEMA**

