HOTEL REQUEST FORM

NAME OF ORGANIZATION

CONTACT NAME ______________ PHONE __________ EMAIL _______________________

NAME OF HOTEL(s) _____________________________________________________________

ADDRESS OF HOTEL(s) _________________________________________________________

DATE OF CHECK-IN ___________________ DATE OF CHECK-OUT __________________

TOTAL NIGHTS STAY ___________________ TOTAL OCCUPANTS PER ROOM ____________

TOTAL ROOMS ___________________ ROOM TYPE _________________________________

ROOM RATE _________________________

NON-REFUNDABLE OK? Y N AAA ACCOUNT? Y N

WILLING TO CHANGE HOTELS FOR BETTER RATE? Y N

CONTACT NAME ROOM WILL BE UNDER ____________________________________________

CONTACT NAME ROOM WILL BE UNDER PHONE ______________ EMAIL __________________

****IF ADDITIONAL PEOPLE, PLACE CONTACT INFORMATION ON BACK OF FORM****

Please submit request form with approved EAF to CSE Financial Manager at least 2 weeks before pick up date.

***YOU MAY NEED TO CONTACT THE HOTEL TO GET A CREDIT CARD AUTHORIZATION FORM SO THAT THE CSE CREDIT CARD WILL BE CHARGED. IT IS YOUR RESPONSIBILITY TO CALL THE HOTEL AND MAKE SURE THE FORM WAS SENT AND RECEIVED BACK.***

THERE MAY BE ADDITIONAL FEES ASSOCIATED WITH THE HOTEL RESERVATION. STUDENT ORGANIZATION ACCOUNTS WILL BE ADJUSTED ACCORDINGLY.