



Center for Student Engagement

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.