



North East Academy Credit Card Authorization Form

This form has been created in order to reserve your guestroom(s) for the North East Academy Event in April 2015. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to 609-520-0728 or email to Tristen.whiteman@marriott.com.

Guest Information

Guest name: Text

Spouse name (If applicable): _____

Phone number: _____ Email Address: _____

Arrival date: _____ Departure date: _____

*****72-Hour Cancellation Policy: This reservation can be cancelled by Monday, April 20th, 2015 without penalty. After this date your credit card will be authorized with the full amount of the stay as detailed below.*****

Meal Choices

_____ Miso Rubbed Cod

_____ Grilled French Breast of Chicken

_____ Ginger Seared Medallions of Beef

Food Allergies or Dietary Restrictions

Rate Information and Approved Charges

Attendee fee for Friday, April 24, 2015 – includes welcome reception, private dinner and room on Friday night as well as breakfast, lunch and meetings on Saturday: **\$345.00 total**

Spouse addition for Friday, April 24, 2015 – includes welcome reception and private dinner on Friday night as well as breakfast and lunch on Saturday: **\$165.00 total**

Attendee fee for Saturday, April 25, 2015 – includes dinner with wine service on Saturday night as well as breakfast, lunch and meetings on Sunday: **\$299.00 total**

Spouse addition for Saturday, April 25, 2015 – includes dinner with wine service on Saturday night as well as breakfast and lunch on Sunday: **\$125.00 total**

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex Diners/CB Discover JCB

Name of Issuing Bank _____

Bank's Phone Number _____

Account type: Individual (personal credit card)
 Corporate | Company Name: _____

Account number: _____ Exp. date: _____

Address: (where statement is mailed) _____

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

I certify that all information is complete and accurate. I hereby authorize the Princeton Marriott Hotel to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder signature: _____ Date: _____