

Indianapolis Marriott East

Direct Line: (317) 322-3716 (ext. 1286) Fax: (317) 222 - 3339 7202 East 21st Street Indianapolis, IN 46219

INDIANA ASSOCIATION OF FAIRS JANUARY 4, 2018 – JANUARY 7, 2018

The last date to receive the group rate based upon hotel inventory is: **December 7, 2017**

Associates/Company Name: (please print) _____ **County:** _____

Email Address: _____ Phone# _____ Fax # _____

Address: _____

City: _____ State: _____ Zip: _____ Marriott Rewards # _____

Payment Type: Check _____ Credit Card _____ *Payment Must Be Received **14 Business Days** Prior To Arrival (Credit Card Authorization Attached)

Guestrooms <small>*Descriptions denoted on next page. (Please list guest names on next page)</small>	# of Rooms	# of Guests	Arrival Date MM/DD/YYYY	Departure Date MM/DD/YYYY	Room Extras: \$5 Per Table \$2 Per Chair	Bed Removal \$100 Service Fee for All Bed Removal requests less than 3 days prior to arrival
Marriott Hotel						
Tower Hospitality Suite \$266.00					Yes ___ No ___ # Tables ___ # Chairs ___	Yes ___ No ___ *Included in Room Rate
Hospitality Parlor Bedroom Combination (N/A in Tower) \$266.00					Yes ___ No ___ # Tables ___ # Chairs ___	Yes ___ No ___ *Included in Room Rate
Tower One Bedroom Suite \$172.00					Yes ___ No ___ # Tables ___ # Chairs ___	No Bed Removal Possible
Tower Executive King \$124.00					Yes ___ No ___ # Tables ___ # Chairs ___	No Bed Removal Possible
Standard King Bed Guestroom (N/A in Tower) \$114.00					Yes ___ No ___ # Tables ___ # Chairs ___	Yes ___ No ___ *\$75 additional charge for bed removal
Standard (2) Double Bed Guestroom (N/A in Tower) \$114.00					Yes ___ No ___ # Tables ___ # Chairs ___	Yes ___ No ___ *\$75 additional charge for bed removal
Fairfield Inn & Suites Hotel						
Fairfield Inn & Suites Standard King Bed Guestroom \$101.00						
Fairfield Inn & Suites Standard (2) Double Bed Guestroom \$101.00						
Delta / Florence Garden Hotel						
Delta / Florence Garden Hotel Standard King Bed Guestroom \$87.00						
Delta / Florence Garden Hotel Standard (2) Double Bed Guestroom \$87.00						

*****Overnight rooms require at least a 48 hour cancellation notice to avoid paying a one night's room and tax penalty.**

- Contact reservations by phone at 317-322-3716 (extension # 1286) or by email RESERVATIONS@INDYMARRIOTTEAST.COM to arrange group payment methods.
- Payment methods must be arranged for every room **at least 14 business days** prior to arrival
- If rooms are to be charged to one account and paid for by one payment method, this has to be set up prior to arrival. Otherwise each room will be charged to each individual in the room at the time of arrival
- A confirmation email will be sent using the above information.
- Check in time is **4:00 pm** – If you wish to enter into any reserved room prior to 4:00 pm on the date of arrival, you must reserve and pay for the room the night prior!!! Early check in is at the hotel's discretion. Check out time is **12:00 noon** on the day of departure

Room assignments will be based upon the INAF Executive Board's discretion.

Name(s) of person(s) in each room:

Hospitality _____

Room # 1 _____

Room # 2 _____

Room # 3 _____

Room # 4 _____

Room # 5 _____

Tower Hospitality Suite "72" or "76" –

(1) Hospitality suite with wet bar and larger refrigerator (*King/Queen beds*). Rooms 272, 372, 472, and 572 connect to a "70" one bedroom suite on each floor & rooms 276, 376, 476, and 576 connect to a "74" one bedroom suite on each floor.

Hospitality Parlor Bedroom Combination — Located in the main building on floors 1, 2 & 3 only

(2) Guest rooms include - (1) larger guest room (to be used as the parlor room with the bed removed) and (1) connecting guest room (either a double bed room or king bedroom). Several of these rooms also connect to another bedroom on the other side of the parlor room.

Tower One Bedroom Suite "70", "74" or "78" Or Tower Corner One Bedroom Suite "68" –

(1) King bedroom and (1) Queen Murphy bed located in each room. Small hospitality area and small refrigerator. Rooms 270, 370, 470, 570, 274, 374, 474, 574, 378, 478, 578 connect to another room at an additional charge (Hospitality Suite at \$254.00 per night or a Presidential Suite at \$304.00 per night – see above).

(1) King bedroom and (1) Queen Murphy bed located in each room, small hospitality area with a large bay window and a small refrigerator. Rooms 268, 368, 468, 568 & 668 do not connect to any other room.

Tower Executive King Guestroom – Located in Tower ONLY

(1) Larger King Guestroom with refrigerator in room. These rooms do not connect to other rooms.

Standard Guestroom – Located in Main Building – Not the Tower

Either a Guestroom with (2) Double Beds or a Guestroom with (1) King Bed. Some of these rooms connect to other guestrooms.

Delta / Florence Garden Hotel Standard Guestroom –

Either a Guestroom with (2) Double Beds or a Guestroom with (1) King Bed

Fairfield Inn & Suites Standard Guestroom –

Either a Guestroom with (2) Double Beds or a Guestroom with (1) King Bed

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. 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 **317-222-3339**. For security purposes, **please do not email credit card numbers.**

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex Diners/CB Discover JCB

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: _____

Guest Information

Guest name: _____

Company: _____

Phone number: _____

Fax or alternate number: _____

Confirmation number: _____

Arrival date: _____

Departure date: _____

Relation to cardholder: Relative

Friend

Business Associate

Other: _____

Rate Information and Approved Charges

Room rate: * _____

Taxes: * _____

Total daily rate: * _____

Number of nights: _____

*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

All Charges

Room & Tax

Telephone (LD)

Telephone (Local)

Restaurant

Room Service

Valet (Laundry)

Parking

HS Internet Access

Movies

Other: _____

I certify that all information is complete and accurate. I hereby authorize Indianapolis Marriott East 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. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____

Date: _____