

ROOM RESERVATION REQUEST FORM

INTERNATIONAL CATHOLIC STEWARDSHIP COUNCIL

2010 Annual Conference
September 19 to 22, 2010
Marriott San Diego Hotel and Marina
333 West Harbor Drive
San Diego, CA 92101

Please complete a separate reservation form for each room

Name(s) of guest(s) _____

Arch/Diocese/Parish/Company _____

Mailing Address (please indicate if this is a **Home** or **Business** address)

Email Address _____

Phone _____ Fax _____

A block of rooms has been set aside from September 16 to 23, 2010.
Arrivals prior to September 16 and departures after September 23 are on a request basis.

This hotel has a smoke free policy

I/We will be checking in on (day/date) _____ and out on (day/date) _____

Please reserve my room for single occupancy (1 person) at \$195.00 *

Please reserve my room for double occupancy (2 people) at \$215.00 * Add \$20 for each additional person (using existing beds)

* Rooms are subject to state and local taxes currently at 10.5%, San Diego Tourism Marketing District assessment (currently 2%) and CA Tourism Fee (currently \$0.23 daily). Taxes and fees are subject to change.

I will share with _____

Special Requests (***This hotel has a smoke free policy***) _____

RESERVATION REQUESTS MUST BE RECEIVED NO LATER THAN AUGUST 16, 2010.

All reservations require a guarantee. Please guarantee your room reservation by submitting a check equivalent to a minimum of one-night stay (room rate plus taxes) payable to **Plaza Meetings** or provide credit card details below. **If you need to cancel your reservation, please do so at least 72 hours prior to your arrival to avoid billing.**

Credit Card number _____ Exp. Date _____

Cardholder's name as it appears on card _____ CVV security code _____

Credit Card Billing address
(if different from mailing address provided) _____

Completed reservation forms should be returned to:

PLAZA MEETINGS

3 School Street

Latham, NY 12110

Fax: 518-785-7146 Phone: 877-666-3404

registrar@plazameetings.com