



**Virginia Association of Independent Schools
Hotel Reservation Form**

Dates: Sunday, November 2, 2008 through Monday, November 3, 2008 (Check out Day)

Single or Double Occupancy: **\$119.00 + tax**

\$10.00 Each Additional Person

CUT OFF DATE: Friday, October 10, 2008

Reservations made after cut off date will be accepted on space and rate availability

(Please make reservations early, as the number of rooms is limited)

PHONE: (800) 228-9290 or (804) 643-3400, FAX: (804) 649-3725

The Richmond Marriott is pleased you have chosen us for your upcoming visit. Our staff looks forward to serving you in the fine Marriott tradition. In making your reservation we request that you either:

- 1) Enclose a check or money order covering the first night's stay -OR-
- 2) Send us the entire number of your following credit card: AMERICAN EXPRESS, DINERS CLUB, VISA/BANK AMERICARD, MASTERCARD OR CARTE BLANCHE. Don't forget the expiration date and your signature.

Our new Express Check-In is designed to get you into your room as quickly and pleasantly as possible. To make sure you are able to enjoy Express Check-In, we will bill the credit card number you give us for your room unless advised of a change before or upon arrival. Express Check-In is offered in all possible cases but may not be available in some instances due to late departure. We regret we cannot hold your reservation without payment or a credit card number,

**MAIL OR FAX TO: RICHMOND MARRIOTT, 500 EAST BROAD STREET, RICHMOND, VA 23219
(FAX 804-649-3725)**

Name (print) _____ Phone No.() _____

Address _____

City _____ State _____ Zip _____

Arrival Date _____ Departure Date _____ Time of Arrival _____ AM/PM
(Important for Express Check-in)

E-mail Address _____

Requested Room Type

- | | | |
|-----------------------------------------------|------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> King Bed Smoking | <input type="checkbox"/> Two Double Beds Smoking | <input type="checkbox"/> Confirmation Required |
| <input type="checkbox"/> King Bed Non Smoking | <input type="checkbox"/> Two Double Beds Non-Smoking | |

Every attempt will be made to accommodate your requested room type

Please reserve _____ (#of Rooms) for _____ (# of People) for _____ (# of nights/ dates of stay)

Name(s) of person(s) sharing accommodations: _____

Deposits will be refunded only if cancellation notification is given up to 72 hours prior to arrival.

Check or Money Order enclosed. Amount \$ _____

- American Express MasterCard Diners Club Visa Carte Blanche
(Please include interbank number shown next to card number)

Credit Card Number _____ Expiration Date _____

I authorize the Richmond Marriott Hotel to charge my account for one night's deposit and all applicable taxes. Check out time is 12 noon. Rooms may not be available for check-in until after 4.00p.m.

Signature _____ Phone No. () _____

RESERVATIONS REQUESTED BEFORE THE CUT OFT DATE ARE SUBJECT TO AVAILABILITY OF ROOMS WITHIN YOUR GROUPS CONTRACTED ROOM BLOCK. ROOMS MAY BE AVAILABLE AFTER THE CUT OFF DATE BUT NOT NECESSARILY AT THE GROUP RATE. ANY VARIATION FROM THE OFFICIAL DATES IS SUBJECT TO AVAILABILITY.