

## **Kingston Plantation Hotel Reservation Procedures & Instructions for SCSBA Exhibitors**

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The Embassy Suites will be accepting reservations by using the enclosed Guest Rooming List forms only. Guest Rooming List forms will be accepted by email or fax. Call-in reservations will **not** be accepted. This system will ensure a smooth reservation process for you, as well as assist us with managing the inventory and availability in both the Embassy Suites and our Kingston Plantation Condos & Villas. Also, this will ensure you are receiving all the added benefits contracted with SCSBA (i.e., daily breakfast and evening manager's reception).

The Vendor group code is: SCO. Below are instructions on how the Guest Rooming Lists will be accepted and handled by the Embassy Suites:

### **Multiple room reservations and credit card information**

1. If you will be holding multiple rooms, please submit actual names for the reservations verses holding rooms under one name. This will assist the Reservation Team when referring to and/or cancelling reservations.
2. Your Guest Rooming List will NOT be rejected if the Credit Card Payment Authorization Form is not submitted at the same time.
3. The Credit Card Payment Authorization Form should only be completed if the District is paying for the room charges for the school board members. It can be faxed along with your Guest Rooming List or it can be faxed at a later date. However, it must be received prior to the convention dates. The Credit Card Payment Authorization Form takes the place of the actual credit card and will assist our front office staff with a speedier and more convenient check-in process.
4. **Credit Card Payment Authorization Forms will be accepted by fax ONLY, 843.497.1726.**
5. If the individual school board member will be paying for their own room charges, you do not need to complete the Credit Card Payment Authorization form, simply indicate "IPO" under the Billing section on the Guest Rooming List form. However, a credit card number is required for all reservations to guarantee the room(s). Please understand the credit card number you provide on the Guest Rooming List form will not be charged, it simply guarantees the rooms you are requesting.
6. **In order to be fair to all districts, we will not accept any Guest Rooming Lists prior to 8:30 a.m. on November 17, 2014.**

### **Guest Rooming List form**

- a) Please complete the information on the Guest Rooming List form. If there are questions regarding your Guest Rooming List form, you will be contacted by our Reservation Team.
- b) Reservations will be accepted starting on **November 17, 2014 at 8:30 a.m.**
- c) **Guest Rooming Lists will be accepted by email to [patrice.gore@hilton.com](mailto:patrice.gore@hilton.com) or by fax 843.497.1726. Please do not email the Credit Card Payment Authorization Form.** As Guest Rooming Lists are received, they will be dated and time-stamped.
- d) A Reservation Agent will follow up with a confirmation number via email.
- e) All reservations will first be made in the Embassy Suites, based on availability, unless you have made notes of an alternative request in the Comments/Preferences section of the Guest Rooming List for a unit in the Kingston Plantation Condos & Villas.
- f) When the Embassy Suites sells out, you will be called by the first available Reservation Agent to book an alternative room type in the Kingston Condos & Villas (please refer to Available Room Types & Guestroom Rates).
- g) You can anticipate receiving a response or call within **3 hours** of submitting your Guest Rooming List form.

## Available Room Types and Guestroom Rates

Kingston Plantation Condos & Villas	Rate
Single Oceanview Guestroom – Brighton Tower	\$114.00
One Bedroom Plantation Villa	\$114.00
Two Bedroom Oceanview Condo Brighton	\$159.00

### **Kingston Plantation:**

Room rates are quoted exclusive of local taxes and fees. **Special arrangements** have been made with the SC School Boards Association to **include** the complimentary buffet breakfast and complimentary manager's reception (5:30-7:30 p.m. daily) at the Embassy Suites (based on double occupancy) **in the room types contracted with SCSBA and outlined above**. Should you require alternative accommodations (i.e. 3 or 4 bedroom units) to include the breakfast and managers reception, please send an email request to Patrice Gore, [patrice.gore@hilton.com](mailto:patrice.gore@hilton.com).

Kingston Plantation features a variety of oceanview condos, lake/wooded view villas and lodges, all of which provide the luxuries of home. Only steps away from the ocean, each unit has a full kitchen, living room, dining room, washer/dryer & patio.

The property provides **complimentary shuttle service** from the units to the ocean, Splash! the waterpark, Sport & Health Club, Arcadian Shores Golf Course and selected nearby shopping outlets.

**\*\*\* Check in is 4:00 p.m. and check out is 11:00 a.m. \*\*\***

**PLEASE NOTE/PARKING AND RESORT FEES:** Parking and resort fees have been waived for SCSBA. Please disregard the red banner concerning the \$7.99 parking/resort fee that may appear on any email confirmation. This is an automated statement and does not apply to your convention rate.

**Vendor Code: SCO GUEST ROOMING LIST**  
**SC School Boards Association – Annual Convention**

(for hotel use only)

	Guest/Attendee Name	Arrival Date	Departure Date	*Billing	Comments/Preferences	Confirmation Number
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

**\*Billing:**

IPO – Room, taxes, incidentals paid by individual.

RTI – Room, tax, incidentals to master account.  
Please use attached Credit Card Authorization Form

RT – Room, taxes to master, incidentals paid by individuals  
Please use attached Credit Card Authorization Form

**\* Comments/Preferences:**

ES – Embassy Suites Hotel (King or Dbl)

KP – Kingston Plantation (1 or 2 bedroom unit)

SM – Smoking Room; unless specified as SM, non-smoking rooms will be reserved.

Contact Person's Name:	
Credit Card # and Expiration Date: Used to Guarantee Reservations (First nights room & tax will not be charged)	
Company Name:	
Address:	
Contact Person's Phone:	
Contact Person's Fax:	
Contact Person's Email:	

PLEASE NOTE: Reservations will only be accepted via Guest Rooming List by email or by fax. Please submit all Guest Rooming Lists by email to [patrice.gore@hilton.com](mailto:patrice.gore@hilton.com) or by fax to 843.497.1726. Each Guest Rooming List will be date and time-stamped as they arrive and you'll be contacted by the first available Reservation Agent to book your rooms in the Embassy Suites or Kingston Plantation.



**KINGSTON PLANTATION**  
**Credit Card Payment Authorization Form**

**Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, to ensure acceptance of the credit card to be charged. Do not send completed form by email.**

**FAX COMPLETED FORM TO: 843.497.1726**

**ATTN: Reservations**

**Guest Information:**

Guest/ Group Name:	
Check-In / Event Date:	
Confirmation Number:	Today's Date:
Room Rate:	Day Time Phone:

**CARDHOLDER- Please complete the following section and sign/date below.**

Cardholder Name as it Appears on Credit Card:	
Cardholder Billing Address:	
City:	State: Zip:
Daytime /Business Telephone:	Evening Telephone:
Credit Card Number:	Expiration Date:
Credit Card Type: (Circle one) Visa/MasterCard      American Express      Discover      JCB      Diners Club	
Credit Card Issuing Bank Name:	Bank Phone Number (from back of your credit card):
I agree to cover the following categories of charges: (Please circle) All Charges      Room & Tax      Food & Beverage      Parking/Resort Fee      Movies/Games      Business Services	
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____	
DIRECT BILL ACCOUNT PAYMENTS ONLY: (For direct billing customers payment by credit card)	
Name on Invoice/Statement _____	Date on Invoice/Statement _____
Invoice/Statement Number _____	Authorized Amount \$ _____

**Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.**

**Amount to be immediately charged to credit card for room and taxes or deposit: \$ \_\_\_\_\_**

**Final Balance Billed to credit card (hotel use only): \$ \_\_\_\_\_**

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_