
Charleston Marriott Reservation Procedures and Forms

The Charleston Marriott will be accepting reservations by using the enclosed reservation forms only. The reservation forms will be accepted by email. 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. Also, this will ensure you are receiving all the added benefits contracted with SCSBA.

Below are instructions on how the reservation forms will be accepted and handled by the Charleston Marriott.

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. The Credit Card Authorization Form, page 3, should only be completed if the district is paying for the room charges for the school board members. It can be emailed along with your reservation forms or it can be emailed at a later date. However, it must be received prior to the convention dates. The Credit Card Authorization Form takes the place of the actual credit card onsite and will assist our front office staff and board members with a faster check-in process. This form will be accepted by EMAIL ONLY.
 - a) This means if a Credit Card Authorization Form is not submitted by the district, as board members arrive at the hotel's registration desk they will be asked for a credit card for incidentals, etc.
3. Your forms will NOT be rejected if the Credit Card Authorization Form is not submitted at the same time.
4. If the individual school board member will be paying for their own room charges, you do not need to complete the Credit Card Authorization Form, simply indicate "IPO" under the Billing section on the Guest Rooming List. However, a credit card number is required for all reservations to guarantee the room(s), see bottom of page 1. Please understand the credit card number you provide on the reservation form, page 1, will not be charged, it simply guarantees the room(s) you are requesting.
5. **In order to be fair to all, we will not accept reservation forms prior to 8:30 a.m. on October 16, 2018.**

Reservation forms

- a) Please complete the information on the reservation forms, pages 1 and 2. If there are questions regarding your forms, you will be contacted by our Reservation Team.
- b) Reservations will be accepted beginning at **8:30 a.m. on October 16. by emailing mhrs.chsmc.reservations@marriott.com**.
- c) As forms are received, they will be dated and time-stamped.
- d) A Reservation Agent will follow up with a confirmation number via email.
- e) You can anticipate receiving a response within 48 hours of submitting your forms.
- f) When the room block is full, you will be contacted by a Reservation Agent via email, to discuss waitlist information.

Room Rate: \$139 (ROH)



Hotel Cancellation Deadline:
November 9, 2018
or until the room block is sold out

CONTACT NAME _____ ORGANIZATION / SCHOOL DISTRICT _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP _____ COUNTRY (US, Canada) _____ E-MAIL ADDRESS _____

DAYTIME TELEPHONE _____

Room Type Request: _____

Room Type Request: (This is a Request Only)

ARRIVAL DATE: _____

1 King Bed - Shower Only

DEPARTURE DATE: _____

2 Queen Beds

of Rooms: _____ (include Guest Rooming List form for multiple rooms) # of Adults: _____
Marriott Rewards Number: _____

Check in time is 4:00 pm
Check out time is 11:00 am

Self- Parking is complimentary
Valet Parking is \$10.00 per night+ tax

Group run-of-house rates have been negotiated. However, we cannot guarantee bed-type, sleeping room locations, or view. All accommodations are non-smoking.

No Show Policy:
If a guest does not check in on the reserved check in date (and has not notified the hotel of any changes), the room will be subject to release and the guest will be charged a one night no show charge to the card below. If the hotel is sold out over the remainder reserved dates the hotel does not guarantee a room or the rate.

Cancellation Policy:
Group rooms must be canceled fourteen (14) days prior to arrival or the credit card on file will be charged a one night's room and tax penalty.

Please guarantee my reservation(s) with the following major credit card:

Card # _____ Exp Date: _____

Name of Cardholder: _____ Authorized Signature: _____

DEPOSIT- CONFIRMATION - A major credit card or a check is required to confirm your reservation. You should receive an email confirmation within 48 hours on your confirmed reservation. If you do not receive confirmation, please email mhrs.chsmc.reservations@marriott.com.

**If charges are to be placed on this credit card for the entire stay and the card holder will not be present, a credit card authorization form is required. The credit card authorization form is included on the last page.

PLEASE read carefully and EMAIL this completed form (and rooming list form - if multiple rooms): mhrs.chsmc.reservations@marriott.com



SC School Boards Association –Legislative Advocacy Conference

Contact Name: _____ Organization/School District: _____

						(for hotel use only)
	Guest 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**

- K - 1 King bed
- D – 2 Queen beds

PLEASE NOTE: Reservations will only be accepted by emailing the reservation forms. Please submit all forms by email to mhrs.chsmc.reservations@marriott.com. The reservation forms will be dated and time-stamped as they arrive and you will be contacted by the first available Reservation Agent.



Credit Card Authorization Form

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 email the completed form to mhrs.chsmc.reservations@marriott.com.

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex 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)

- Charges: All Charges, Room & Tax, Telephone (LD), Telephone (Local), Restaurant, Room Service, Valet (Laundry), Spa Services, Spa Services, Gift Shop, Other, Valet Parking, Spa Services, Beach Services, Cabana

I certify that all information is complete and accurate. I hereby authorize the Charleston Marriott 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: _____