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## **Hilton Head Marriott Reservation Procedures and Forms**

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The Hilton Head 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 (i.e., daily breakfast).

Below are instructions on how the reservation forms will be accepted and handled by the Hilton Head 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 and more convenient 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. However, it will be charged a 1 night deposit 14 days prior to arrival (2/6/20).
5. **In order to be fair to all, we will not accept reservation forms prior to 8:30 a.m. on December 4, 2019.**

### **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 December 4, 2019.**
- c) The reservation forms will be accepted by email only to [Brittney.bowers@marriottsales.com](mailto:Brittney.bowers@marriottsales.com) 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.

South Carolina School Boards Association  
February 20-23, 2020 Hilton Head, SC

PAGE 1

**Room Rate: \$143** (ROH)

Per night plus 10% Occupancy tax &  
\$3.22 Destination Fee (\$160.52)  
Includes 2 breakfast



Hotel Cancellation Deadline:

**January 22, 2020**  
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: \_\_\_\_\_

**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.*

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

**Cancellation Policy:**

*Group rooms must be canceled fourteen (14) days prior to arrival (by 2/6/20) or the credit card on file will be charged a one night's room and tax penalty.*

Self- Parking is complimentary  
Valet Parking is \$18.00 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.

**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 [Brittney.bowers@marriottsales.com](mailto:Brittney.bowers@marriottsales.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 DISREGARD ANY INFORMATION REGARDING A RESORT FEE -AS A SCSBA ATTENDEE IN SCSBA'S ROOM BLOCK YOU ARE EXEMPT FROM THIS FEE (However, it will print on your email confirmation, if you need an invoice, please email [Brittney.bowers@marriottsales.com](mailto:Brittney.bowers@marriottsales.com)).

**PLEASE read carefully and EMAIL this completed form (and rooming list form - if multiple rooms):**  
[Brittney.bowers@marriottsales.com](mailto:Brittney.bowers@marriottsales.com)

**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 [Brittney.bowers@marriottsales.com](mailto:Brittney.bowers@marriottsales.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 [Brittney.bowers@marriottsales.com](mailto:Brittney.bowers@marriottsales.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)

<input type="checkbox"/> All Charges	<input type="checkbox"/> Room & Tax	<input type="checkbox"/> Telephone (LD)	<input type="checkbox"/> Telephone (Local)	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Room Service	<input type="checkbox"/> Valet (Laundry)	<input type="checkbox"/> Spa Services	<input type="checkbox"/> Spa Services	<input type="checkbox"/> Gift Shop
<input type="checkbox"/> Other:	<input type="checkbox"/> Valet Parking	<input type="checkbox"/> Spa Services	<input type="checkbox"/> Beach Services	<input type="checkbox"/> Cabana

I certify that all information is complete and accurate. I hereby authorize the **Hilton Head Marriott Resort & Spa** 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: \_\_\_\_\_