

SHERATON DOVER HOTEL

Attachment A-1

CONVENTION/GROUP RESERVATION FORM

Group Name: _____

GROUP CODE:

Date of Function: March 1, 2012

BP034R03

Name of School District: _____

Name of Contact Person: _____

DATE

District Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

NEED AS EARLY A CHECK-IN AS POSSIBLE!!

Arrival Date: 3/01/12 ** Departure Date: 3/02/12

Smoking: _____ Non-Smoking: X

Type of Accommodation: (check one) **(all room types subject to availability)**

1 person, 1 bed 2 person, 1 bed 2 persons, 2 beds 4 persons, 2 beds

1) A deposit in the amount of \$105.00 (first night's room) + 8% tax *
IS DUE BY January 29, 2012

2) **CANCELLATION POLICY:** You must cancel your reservation by February 16, 2012 (2 weeks)
or your deposit will not be refunded.

4) **RATES:**
SHERATON \$105.00 (+ 8% tax) *

*

PAYMENT INFORMATION FOR DEPOSITS
This reservation is guaranteed for arrival: (check one only)

VISA MASTERCARD AMERICAN EXPRESS DINERS CLUB
 DISCOVER CHECK OR MONEY ORDER (PAYABLE TO SHERATON DOVER HOTEL)

CHARGE CARD NUMBER _____ EXPIRATION _____

NAME ON CREDIT CARD _____ SIGNATURE _____

MAIL FORM BACK WITH YOUR DEPOSIT TO:
Sheraton Dover Hotel - 1570 North Dupont Highway, Dover, DE 19901

* **Attach tax-exempt form for hotel tax exemption. A charge of \$15 may apply to changes made after this date.**

** **A list of names needs to be provided by February 16, 2012!**