



HOTEL ROOM RESERVATION REQUEST FORM

WFLO Institute East – January 28 – February 1, 2023

Single Room: (4 nights at \$350 a night plus applicable taxes / fees)

Double Room: (4 nights at \$298 a night, per person, plus applicable taxes / fees)

Taxes / Fees are currently: 16.9% taxes + \$5.00 nightly Georgia State Hotel / Motel Lodging fee

Pricing Includes breakfast, breaks, lunch, dinner on Sunday and Tuesday only, internet, and parking

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Guest may send a check* for pre-payment of conference package or pay by credit card

Form of Payment: Check *Checks should be made payable to: Georgia Tech Hotel & Conference Center
Mail to: Georgia Tech Hotel & Conference Center 800 Spring Street NW, Atlanta, GA 30308 USA

Fill out the credit card information below and attach a copy of their credit card for payment

FULL PAYMENT MUST BE RECEIVED AT LEAST 11 DAYS PRIOR TO ARRIVAL

Form of Payment: MasterCard Visa American Express Discover

Name on Credit Card: _____

Account Number: _____ Expiration Date: _____ CVV Code _____

Check here if all guest rooms on this form are to be charged to the above credit card
Should incidentals be guaranteed to the above credit card for all guests listed on this form? Yes No

AUTHORIZED SIGNATURE _____

Company Name: _____

Contact Phone Number: _____

Hotel Cancellation Policy: All guestroom & meeting packages (and applicable taxes/fees) are 100% pre-paid. See below grid for deposit refunds for cancellation notices (with cxl # confirmation provided):

Reservations Cancelled 11 days prior to arrival	No charge and fully refundable.
Reservations Cancelled 10 to 8 days prior to arrival	1 Night's package charges plus tax retained
Reservations Cancelled less than 8 days prior to arrival	Deposit is 100% non-refundable

Fax request form to Reservations: (404) 838-2099 OR email to: aldijana.mitrovic@gatechhotel.com
A confirmation reservation number will be forwarded to you via email. Please note Deposit / Cancellation Policy on this form which will prevail over any other confirmation notice.

Please fill out this form to reserve hotel rooms for the WFLO Institute

Guest Name	Arrival Date	Departure Date	Single Room (\$350 per night)	Double Room (\$298 per person/ per night)	If Double Room selected, please provide the 2nd guest's name.
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Hotel Cancellation Policy: All guestroom & meeting packages (and applicable taxes/fees) are 100% pre-paid. See below grid for deposit refunds for cancellation notices (with cxl # confirmation provided):

Reservations Cancelled 11 days prior to arrival	No charge and fully refundable.
Reservations Cancelled 10 to 8 days prior to arrival	1 Night's package charges plus tax retained
Reservations Cancelled less than 8 days prior to arrival	Deposit is 100% non-refundable

If you must cancel, please call Reservations at (404) 838-2100 or (800) 706-2899 to obtain CXL Number.

Fax request form to Reservations: (404) 838-2099 OR email to: aldirjana.mitrovic@gatechhotel.com
A confirmation reservation number will be forwarded to you via email. Please note Deposit / Cancellation Policy on this form which will prevail over any other confirmation notice.