# RESERVATION REQUEST

## International Studies Association
## March 17 – 20, 2004

1, Place du Canada
Montréal (Québec) Canada H3B 4C9
(514) 878-9000 (Telephone)
(514) 878-6761 (Facsimile)

The Marriott Chateau Champlain is pleased you have selected us for your upcoming visit. Our staff looks forward to providing you with the finest in Montreal Hospitality.

To make your reservation we request that you either:

1) Send a check or money order covering a deposit for the first night's stay - *OR* -
2) Fill in the *entire* number of your credit card as a guarantee: AMERICAN EXPRESS, DINERS CLUB, VISA, MASTERCARD, CARTE BLANCHE OR DISCOVER.
   *Don't forget the expiration date and your signature.*
3) Please secure your room reservation ***before*** booking your airline ticket.

**The Marriott Chateau Champlain requires one of the above methods of deposit payment to confirm ANY reservation. Hotel will not hold any reservations unless secured by one of the above methods.**

**If you select to use a credit card as your reservation guarantee, no deposits will be charged on the card. However, your credit card will be charged automatically if the reservation is cancelled within the 72 hour window or you do not show at the hotel on the arrival date indicated below without informing the hotel accordingly..**

| OFFICIAL MEETING DATES |
|---|
| **MARCH 17 – 20, 2004** |

GROUP **INTERNATIONAL STUDIES ASSOCIATION**

Name (Print) _____
Address _____
City _____ State_____ Zip _____
Phone (____)_____ Organization/Firm _____
Fax or e-mail address _____
Please Reserve ____ rooms for ____ People for Arrival on _____ Departure on _____
(DAY & DATE) (DAY & DATE)
Room Type Preferred:** Estimated Arrival Time _____
[] 1st Available/No Preference [] King Bed Smoking [] 2 Double Beds Smoking
[] Accessible Room [] King Bed Non-Smoking [] 2 Double Beds Non-Smoking
** Room type is not guaranteed but every effort will be made to accommodate your preferred room type!
Name (s) of person(s) sharing accommodations _____
Method of Payment: _____ Marriott Rewards # _____
Credit Card Type: _____
Credit Card Number: _____ Expiration Date _____
Or Check or Money Order is Enclosed $_____
( AMOUNT)

I authorize the Marriott Chateau Champlain to retain my money order/check deposit or charge my credit card for the first night's stay if reservation is cancelled within the 72 hour window.

Signature _____

Check out time is 12:00 Noon. Rooms may not be available for check-in until after 3:00 P.M.

RESERVATIONS REQUESTED AFTER THE CUT OFF DATE AND/OR AFTER THE ROOM BLOCK IS FILLED ARE SUBJECT TO AVAILABILITY AND MAY NOT BE AVAILABLE AT THE GROUP RATE.

PLEASE CHECK TYPE OF ROOMS REQUESTED

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[ ] Singles: **$150.00**
[ ] Doubles: **$160.00**
[ ] Triples: **$180.00**
[ ] Quads: **$200.00**

**CUT OFF DATE:**

**FEBRUARY 15, 2004**

RATES ARE QUOTED IN CANADIAN DOLLARS AND DO NOT INCLUDE $2.00/NIGHT MONTREAL LODGING TAX, 7% GST (GOODS & SERVICES FEDERAL TAX) AND 7.5% PST (PROVINCIAL SALES TAX)

*Any comments should be included with this form. Room types are assigned at check-in.