



THE UNIVERSITY CLUB
WASHINGTON, DC

Overnight Guest Room Request Form

Please email the completed form to: frontdesk@universityclubdc.com

Event Name: ICGFM 2024 International Conference

Guest Name: _____
First Name *Last Name*

Arrival Date: _____

Departure Date: _____

Rate: \$319 + per night (please note a 14.99% tax will be added to the per night rate)

Payment: We accept American Express, Mastercard, Visa, and cash for overnight accommodations, dining, athletic facility, and spa services. You can charge these expenses to your guest room account and settle the payment before departure.

Processing Fee: A 4% processing fee is applied to non-member credit card and non-cash payments at the University Club. Guests can avoid this fee by paying in cash or with a traveler's check.

Credit Card (CC) Authorization

Please ensure that all the information below is completed in full. Kindly note that a valid telephone number and email address for the billing contact are required, as we will need to contact you to confirm receipt. If we are unable to reach the billing contact, your reservation may be subject to cancellation.

CC Type: Amex Mastercard Visa

Name on CC: _____
First Name *Last Name*

CC No.: _____

Expiration Date: _____ **Security Code:** _____

Billing Address: _____
Street Address

City *State* *Zip Code*

Billing Contact Email: _____ **Billing Contact Phone:** _____

By signing below, I hereby authorize the charges to be applied to the above credit card.

Cardholder Signature: _____