

# MASC Hotel Reservation Form



Date \_\_\_\_\_ Hotel Requested – Choose one from the list at bottom of this form

Client Name \_\_\_\_\_

Client Organization / School Name \_\_\_\_\_

## Client Information

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Arrival Date \_\_\_\_\_

Departure Date \_\_\_\_\_

Number of Rooms \_\_\_\_\_

State Tax Exempt Number (if applicable) \_\_\_\_\_

Credit Card Authorization Needed? (Yes/No) \_\_\_\_\_

Invoice Needed? (Yes/No) \_\_\_\_\_

Please submit this completed form to one of these hotels:

- 1. Doubletree by Hilton Ocean City Oceanfront / 2. Hilton Ocean City Oceanfront Suites**

Lara Meadows [lmeadows@harrisingp.com](mailto:lmeadows@harrisingp.com) 410-289-1470 or

Renee Seiden [rseiden@harrisingp.com](mailto:rseiden@harrisingp.com) 410-520-0107

- 3. Aloft Hotel Ocean City**

Wajih Allam [wajih.allam@aloftoceancity.com](mailto:wajih.allam@aloftoceancity.com) 443-373-0814

Madelyn Wise [Madelyn.wise@aloftoceancity.com](mailto:Madelyn.wise@aloftoceancity.com) 443-373-0807

This completed registration form will prompt the hotel to continue your registration process. Upon receipt of this completed form, the hotel will send you:

- A credit card authorization form for the first night's deposit
- A Rooming List template for you to complete and submit back to the hotel to confirm your rooms
- A request for you to submit a copy of your state tax exempt form to your selected hotel