

Reservation Request  
Indianapolis Marriott Center East

7202 East 21<sup>st</sup> Street  
Indianapolis, IN 46219  
Phone: (317)352-1231  
Toll Free: 1-800-228-9290  
Fax: (317)222-3339

**Veterans of Foreign Wars Department of Indiana - VFW**  
Veterans of Foreign Wars Department of Indiana Fall Conference.  
**Dates: Friday 28 October - Sunday 30 October 2022.**

ROOM RATES \$121.00 Per Night

PLEASE APPLY 17% SALES TAX TO THE ABOVE RATES  
Cutoff day: **Friday 7 October 2022**

Name: (please print) \_\_\_\_\_

Phone #( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Marriott Rewards# \_\_\_\_\_

For arrival on (day/date) \_\_\_\_\_

Departure on (day/date) \_\_\_\_\_

Name(s) of person(s) sharing accommodations: \_\_\_\_\_

Room Type Preference: One (1) King Bed  
Two (2) Double Beds  
Handicap Accessible  
No preference

When requesting a reservation, please note your arrival and departure dates carefully. You understand that you are liable for one night's room and tax in the event you do not cancel by 6pm or arrive on the arrival date. This will be deducted from your deposit or billed through your credit card. If more than one room is requested, please enclose a list of names and addresses, indicating which guests share rooms.

Check or Money Order Enclosed for amount of \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_

The Indianapolis Marriott East is pleased you have chosen us for your upcoming visit. Our staff looks forward to serving you in fine Marriott tradition.

**Please Note:** Hotel checkout time is 12:00 noon. Hotel check-in time is 4:00pm. RESERVATIONS REQUESTED AFTER THE CUT-OFF DATE ARE SUBJECT TO AVAILABILITY. ROOMS MAY STILL BE AVAILABLE AFTER THE CUT-OFF DATE; HOWEVER, THE GROUP RATE IS NOT GUARANTEED. PLEASE APPLY 17% SALES TAX TO THE ABOVE RATES.

# Marriott.

## INDIANAPOLIS EAST

### Credit Card Authorization Form

We are delighted that you have selected us to host your event. Please provide all the information requested below as a form of payment for all event charges as outlined in your contract (Guest Rooms, Food & Beverage, AV, Miscellaneous, Service Charges and Taxes).

#### Cardholder Information:

Name as it appears on the credit card: \_\_\_\_\_

Card type:  Visa  MC  Amex  Diners/CB  Discover  JCB

Account type:  Individual (personal credit card)  Corporate | Company Name \_\_\_\_\_

Credit Card Account Number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Address: \_\_\_\_\_ (where statement is mailed to)

#### Event Information:

Name of Event: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

Event Dates: \_\_\_\_\_

#### The following charges are authorized to the master account:

\_\_\_\_\_ Meeting Room Rental, Group Food & Beverage, AV Charges, etc

\_\_\_\_\_ Guest Room & Tax Charges

\_\_\_\_\_ Guest Incidental Charges (Telephone Calls, Room Service, In-Room Movies, Web TV, etc)

\_\_\_\_\_ Guarantee Guest rooms for Late Arrival

\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

Estimated Dollar Amount of Event: \_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize Indianapolis Marriott East to collect payment for all authorized charges associated with this event by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax the completed form to 317-222-3339

**\*\*PLEASE DO NOT EMAIL CREDIT CARD NUMBERS FOR SECURITY PURPOSES\*\***