

2011 Group/FIT Contract

HOTEL NAME
ADDRESS

COMPANY NAME
ADDRESS

ROOM RATES 2011 Single/Double/Twin

Start Date - End Date	\$00.00 NET
Start Date - End Date	\$00.00 NET
Start Date - End Date	\$00.00 NET

- **Rates are quoted** in _____ funds and are net non-commissionable. Room rates are subject to Tax _____
- **Daily Room Block:** _____
- **Pre/Post Night Request:** Pre/Post night requests outside contracted blocks are subject to availability at contracted rates.
- **Terms of Payment:** payment in advance (*If you would like to request direct billing OR make alternative arrangements, please contact accounting at: _____*)
- **Reservation Procedure:** All FIT and Group reservations should be requested via facsimile/letter to attention of the Front Office. Fax number _____. Approximate arrival time should also be indicated at this time.
- **Group Room Block Review:** Cut-off dates for room pickup will be _____ prior to arrival date.
- **Cancellation Policy:** Cancellation notice in writing, by fax will be accepted by the Hotel up to _____ prior to anticipate arrival date at the . .
- **No Shows:** In the event a passenger is a no-show for their guaranteed room, _____ will pay one night's room and taxes
- **Check in Time:** _____ **Check Out Time:** _____
- **Check out Procedure:** Tour members must check with the Front Desk before departure to ensure they have paid for any incidental charges. The Tour Manager must review and sign the Master Account prior to departure. This account is subject to late charges such as meals and baggage handling which may have incurred since the groups' arrival. Any additional late charges will be invoiced to the aforementioned tour company and are payable upon receipt.

If you are in agreement with the terms and conditions above, please sign the space provided and fax it back to us at _____

On behalf of

Accepted by: _____ Signature: _____ Date: _____

On Behalf of:

Accepted by: _____ Signature: _____ Date: _____

Please Fax Back to: