

			Page 1 of	
Conference		_ iYES ConferenceTeacher Workshop		
School Name				
Contact Person	ı _			
Contact Person	n's Email Address _			
# of Participants Registered		# of Rooms Needed		_
[!] Important I	nformation:			
Booking forms wi	ill <u>NOT</u> be processed	if your group is not registered an MMUN event.		
download anothe	r blank sheet from out	ximum of <u>10 rooms</u> . If you need to book more the website. After filling out each sheet, be sure to t ation will allow us to know the total number of po	ype in the pag	e number on
		tay beyond the conference dates, we will be able ease specify arrival and departure dates under th		
		it to booking@montessori-mun.org and write th nference o <u>r Teacher Worksho</u> p.	e event name	
Incomplete form	s will be returned.			
# of Rooms	Room Type Type in Single, Double, Triple or Quadruple	Guests Full Name as appears on passport. Guest names separated by comma ","(First Name Last Name,)	Arrival Date (mm/dd/yy)	Departure Date (mm/dd/yy)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Is there any ad	ditional informatio	n you would like to share with us?		



Credit Card Authorization

Cardholder Name	
Account Type Personal Business	
Credit Card Number	Expiration Date CVV code
Billing Address (Include street, apartment of	r suite number, city, state, zip code and country)
Approve charges to your credit card (Select one or multiple options)
Sleeping rooms	
Incidental Charges	
Porterage Fees	
All of the above	
By filling out this form, you authorize under the section "Approved Charges provided.	e the Hilton Midtown Hotel to collect payment for the charges indicated " of this form.
Signature	Date