

**Virginia Turfgrass Council**  
**2005 Annual Conference – January 11-13, 2005**  
**Hotel Reservation Form**

Single or Double: **\$91.00**

**CUT OFF DATE: Monday, December 27, 2004**

**Reservations made after Cut off date subject to the corporate rate**  
***(Please make reservations early, as the number of rooms is limited)***

PHONE: (800) 228-9290 or (804) 643-3400, FAX: (804) 649-3725

The Richmond Marriott is pleased you have chosen us for your upcoming visit. Our staff looks forward to serving you in the fine Marriott tradition. In making your reservation we request that you either:

- 1) Enclose a check or money order covering the first night's stay -OR-
- 2) Send us the entire number of your following credit card: AMERICAN EXPRESS, DINERS CLUB, VISA/BANK AMERICARD, MASTERCARD OR CARTE BLANCHE. Don't forget the expiration date and your signature.

Our new Express Check-In is designed to get you into your room as quickly and pleasantly as possible. To make sure you are able to enjoy Express Check-In, we will bill the credit card number you give us for your room unless advised of a change before or upon arrival. Express Check-In is offered in all possible cases but may not be available in some instances due to late departure. We regret we cannot hold your reservation without payment or a credit card number.

**MAIL OR FAX TO: RICHMOND MARRIOTT, 500 EAST BROAD STREET, RICHMOND, VA 23219**  
**(FAX 804-649-3725)**

Name (print) \_\_\_\_\_ Phone No.(     ) \_\_\_\_\_

Address \_\_\_\_\_

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

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_ Time of Arrival \_\_\_\_\_ AM/PM  
(Important for Express Check-In)

Honored Guest Number \_\_\_\_\_

**Requested Room Type:** Every attempt will be made to accommodate your requested room type

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> King Bed Smoking     | <input type="checkbox"/> Two Double Beds Smoking     | <input type="checkbox"/> Confirmation Required |
| <input type="checkbox"/> King Bed Non Smoking | <input type="checkbox"/> Two Double Beds Non-Smoking |  |

Please reserve \_\_\_\_\_ (# of Rooms) for \_\_\_\_\_ (# of People) for \_\_\_\_\_ (# of nights/ dates of stay)

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

**Deposits will be refunded only if cancellation notification is given up to 72 hours prior to arrival.**

- Check or Money Order enclosed. Amount \$ \_\_\_\_\_
- American Express    MasterCard    Diners Club    Visa    Carte Blanche  
(Please include interbank number shown next to card number)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

I authorize the Richmond Marriott Hotel to charge my account for one night's deposit and all applicable taxes. Check out time is 12 noon. Rooms may not be available for check-in until after 4:00p.m.

Signature \_\_\_\_\_ Phone No.(     ) \_\_\_\_\_

RESERVATIONS REQUESTED BEFORE THE CUT OFF DATE ARE SUBJECT TO AVAILABILITY OF ROOMS WITHIN YOUR GROUP'S CONTRACTED ROOM BLOCK. ROOMS MAY BE AVAILABLE AFTER THE CUT OFF DATE BUT NOT NECESSARILY AT THE GROUP RATE. ANY VARIATION FROM THE OFFICIAL DATES IS SUBJECT TO AVAILABILITY.

*It is important that you identify yourself attending the Virginia Turfgrass Council Conference.*