



UPMUNC 2024

Please **PRINT** clearly and provide all information.

SCHOOL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FACULTY ADVISOR NAME: _____

FACULTY ADVISOR E-MAIL: _____

PHONE: _____

FAX: _____

- ROOM RATE IS \$254.85 INCLUSIVE PER ROOM PER NIGHT.
- PORTERAGE (LUGGAGE HANDLING) IS MANDATORY FOR ALL ATTENDEES. THE CHARGE WILL BE \$9.00 PER PERSON INCLUSIVE.
- HOTEL WILL ONLY ACCEPT RESERVATIONS SUBMITTED ON THIS FORM WITH COMPLETE ROOMING LIST AND PAYMENT.
- HOTEL WILL ONLY ACCEPT FULL PAYMENT THROUGH THE ATTENDING SCHOOL VIA SCHOOL CHECK, MONEY ORDER, CASHIERS CHECK OR CREDIT CARD. PERSONAL CHECKS WILL NOT BE ACCEPTED.
- RESERVATIONS AND FULL PAYMENT ARE DUE TO SARAH BOLGER BY: OCTOBER 7, 2024.
- CANCELLATION POLICY: Must cancel in writing via email 72 hours prior to arrival otherwise you will be charged one nights room and tax for each room cancelled.
- ROOMING LIST INSTRUCTIONS:
 - **IF PAYING BY SCHOOL CHECK**
Email this form, the completed rooming list, and a copy of the executed check to Sarah Bolger at Sarah.Bolger@aimbridge.com. Check is payable to Sheraton Philadelphia Downtown. Mail check to: 201 N. 17th Street Philadelphia, PA 19103 Attn: Sarah Bolger
 - **IF PAYING BY CREDIT CARD**
Email this form and the completed rooming list to Sarah Bolger at Sarah.Bolger@aimbridge.com and you will receive a credit card link to complete from Sertifi. This link will need to be completed within 48 hours of receipt.

• **CALCULATE YOUR TOTAL:**

Total Rooms _____ x # of nights _____ x \$254.85 = _____

Total # of people _____ x \$9.00 = _____

Grand Total Enclosed _____



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SCHOOL NAME: _____

ARRIVING BY BUS OR VAN: _____

REQUESTED TIME OF ARRIVAL: _____

***Check in is at 4pm. We will contact the faculty advisor if earlier arrival time is available.**

ROOMING FORM (please make extra copies of form if needed)

ALL INFORMATION NEEDS TO BE PRINTED CLEARLY

Room # 1	Last Name	First Name	Arrival Date	Departure Date
Occupant # 1				
Occupant # 2				
Occupant # 3				
Occupant # 4				

Room # 2	Last Name	First Name	Arrival Date	Departure Date
Occupant # 1				
Occupant # 2				
Occupant # 3				
Occupant # 4				

Room # 3	Last Name	First Name	Arrival Date	Departure Date
Occupant # 1				
Occupant # 2				
Occupant # 3				
Occupant # 4				