



JW MARRIOTT HOTEL
ON PENNSYLVANIA AVENUE

RESERVATION REQUEST

1331 Pennsylvania Avenue
Washington, DC 20004
(202) 393-2000
(202) 626-6991

Casualty Actuarial Society's Annual Meeting November 12 - 14, 2000

The JW Marriott Hotel Washington, DC is pleased you have selected us for your upcoming visit. Our staff looks forward to providing you with the finest accommodations in the Nation's Capital.

To make your reservation we request that you either:

- 1) Send a check or money order covering the first night's stay - OR -
- 2) Fill in the *entire* number of your following credit card: AMERICAN EXPRESS, DINERS CLUB, VISA/BANK-AMERICARD, MASTERCARD, CARTE BLANCHE OR DISCOVER. **Don't forget the expiration date and your signature.**
- 3) Please secure your room reservation **before** booking your airline ticket.

The JW Marriott Hotel, Washington, D.C. requires one of the above methods of deposit payment to confirm ANY reservation.

Credit Card Guarantees and Deposits will be refunded only if cancellation notification is given within 72 hours prior to arrival.

Please Print

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: () _____ Organization/Firm _____

Please Reserve _____ rooms for _____ People for Arrival on _____

Estimated Arrival Time _____ Departure on _____
(DAY & DATE) (DAY & DATE)

Room Type Preferred:**

- | | |
|--|--|
| <input type="checkbox"/> 1st Available/No Preference | <input type="checkbox"/> King Bed Smoking |
| <input type="checkbox"/> 2 Double Beds Smoking | <input type="checkbox"/> Accessible Room |
| <input type="checkbox"/> King Bed Non-Smoking | <input type="checkbox"/> 2 Double Beds Non-Smoking |

** Every effort will be made to accommodate your preferred room type!

Name (s) of person(s) sharing accommodations _____

Method of Payment: _____

Honored Guest # _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date _____

Or Check or Money Order is Enclosed \$ _____
(AMOUNT)

I authorize the JW Marriott Hotel to charge my account for one night's deposit and all applicable taxes.

Signature _____

**PLEASE CHECK
TYPE OF ROOMS
REQUESTED**

- Singles
\$214.00 1 Person
- Doubles
\$229.00 1 Bed, 2 Persons
- Doubles
\$229.00 2 Beds, 2 Persons
- Triples
\$244.00 3 Persons
- Quads
\$259.00 4 Persons

**CUT OFF DATE:
10/19/2000**

RATES DO NOT INCLUDE:
14.5% CITY TAX

Any comments should be
included with this form.
Room types are assigned at
check-in

Check out time is 12:00 Noon. Rooms may not be available for check-in until after 4:00 P.M.

RESERVATIONS REQUESTED AFTER THE CUT OFF DATE AND/OR AFTER THE ROOM BLOCK IS FILLED
ARE SUBJECT TO AVAILABILITY AND MAY NOT BE AVAILABLE AT THE GROUP RATE.