



ROOM BLOCK REQUEST FORM

Please note, this form has been prepared as a courtesy template only. Hotels may have prepared their own forms for sub-block requests. Please contact the Group Coordinator at your preferred hotel for instructions on creating sub-blocks.

Timetable: Tuesday, January 22, 9:00 am (DC time) Individual Reservations: Sub-block Reservations: Monday, February 11 Friday, March 15, 5:00 pm (DC time) April 8-14, 2019	Delegations can begin making reservations or sub-block requests directly with hotels. A minimum of 5 rooms is required to set up a sub-block. <i>*Credit card information must be provided for each reservation and a 1 night's non-refundable deposit will be charged</i> <i>*Credit card information must be provided for any sub-block request</i> Room blocks at hotels are open to all other Meetings Participants Deadline for Individual Reservations within blocks: each room must be assigned to a guest and credit card information to be provided *Any unassigned rooms within blocks will be released *New reservations/changes are subject to availability and may be subject to higher rates Spring Meetings and related events
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For assistance or additional information on any of these procedures, please send an email to: housing@worldbank.org or SECHotels@imf.org.

1) Contact Information

Name of Delegation:	
Contact Name:	Title:
Email Address:	
Phone Number:	

2) Hotel Preferences (Please list up to three choices)

If you are sending this form directly to a hotel, preferences do not need to be provided.

1st Choice _____ 2nd Choice _____ 3rd Choice _____

3) Room/Suite Requirements

Room Type	Wed. 4/10	Thu. 4/11	Fri. 4/12	Sat. 4/13	Sun. 4/14
Standard Room (Single)					
Standard Room (Double)					
1 Bedroom Suite					
Other Category* (please specify)					
Total # of Rooms/Suites					

If additional nights are needed outside this date range, please indicate it here.

4) Credit Card Information to Guarantee Room Block Request

Credit card information is **required**. Without a clear copy of the credit card, this request will not be processed.

Please Note: This card will only be used to hold the guest room block request and will not be charged unless billing information is not provided for confirmed individual reservations, no shows or cancellations.

All information below must be completed.

Full Name of Cardholder: _____

Address of the Cardholder: _____

Phone Number of the Cardholder: _____

Type of Credit Card: _____ / Credit Card Number: _____

Last Three/Four Digits of CCV Code: _____ Expiration Date: _____

Signature of Cardholder: _____ Date: _____

Please return this form to the housing coordinator in your Executive Director's office or directly to your preferred hotel at your earliest convenience.

Sub-blocks and individual Reservations will be processed directly by the hotels on a first-received basis.