

# GUEST RESERVATION FORM

Send A FAX or Electronic Copy Directly to the Hilton Anchorage

500 West Third Avenue  
Anchorage, Alaska 99501 USA  
Phone: (907) 272-7411 ★ Fax: (907) 265-7044

USAD GUEST Hotel Reservations  
Tatiana Marin: tatiana.marin@hilton.com

This form has been created in order to guarantee guestrooms to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission.

## Cardholder Information

Name as it appears on the credit card: \_\_\_\_\_

Card type: ☐ Visa ☐ MC ☐ Amex ☐ Diners/CB ☐ Discover ☐ JCB

Account type: ☐ Individual (personal credit card)

☐ Corporate | Company Name: \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address (where statement is mailed): \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone number (with area code) / Best time to call: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## ROOM RESERVATION REQUEST

Mark an ☒ in one: [ ] Double or [ ] King

List guest names who will be in the room, below:	Arrival Date	Arrival Time	Departure Date
1.			
2.			
3.			
4.			

Special Request(s):

## Rate Information and Approved Charges

Room rate	Taxes*	Total Daily Rate	No. of Nights	No. of Rooms	Grand Total
<b>\$139.00</b>	<b>\$16.68*</b>	<b>\$155.68*</b>	\$ _____ X	\$ _____ =	\$ _____

Select the applicable items: ☐ Room & Tax ☐ Parking ☐ All Charges ☐ Other: \_\_\_\_\_

\*(12% applicable state and local taxes.)

I certify that all information is complete and accurate and that I am the authorized signer of the credit card listed above. Should an alternate form of payment not be provided prior to departure, I authorize the **Hilton Anchorage** to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above.

Cardholder name: (printed) \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_